



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

State Form 48669 (R2/2-05)  
SDH Form 51-0001

**GRANT COUNTY HEALTH DEPT.  
FOOD DIVISION  
401 SOUTH ADAMS STREET  
MARION, IN 46953**

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <i>Hardens Marion</i>	Telephone Number (768 Establishment) <i>677-1111</i>	Date of Inspection (mm/dd/yr) <i>10-30-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3808 S. Western Ave Marion</i>	Owner <i>Midwest First Star</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address <i>9730 Tibbatts Ct OH</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 2 NC 3 R 2</i>	
Person in Charge <i>Jeremiah Wade</i>	Responsible Person's E-mail _____	Menu Type (See back of page) <i>1 2/ 3 4 5</i>	
Certified Food Handler <i>Mike Colman</i>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
<i>295</i>	<i>NC</i>		<i>The following "Non Food" contact items is soiled w/ dried food, other debris 1) Count in walk in cooler 2) Top of hot pot station 3) wall in back opposite of biscuit AREA 4) Black bins out front by fountain machine holding salt, pepper etc.</i>	<i>To Jerry</i>
<i>431</i>	<i>NC</i>	<i>X</i>	<i>Flooding in kitchen to include under equipment is soiled gross E, food debris</i>	
<i>418</i>	<i>C</i>		<i>employee using cell phone not in designated area then uses sanitizer, not using soap &amp; water to wash hands before handling biscuits</i>	
<i>345</i>	<i>C</i>		<i>Front hand sink being used as a dump sink</i>	
<i>138</i>	<i>NC</i>	<i>X</i>	<i>employee preparing not wearing a beard guard</i>	

Received by (name and title printed): <i>Jeremiah Wade</i>	Inspected by (name and title printed): <i>DEAN SMITH PETS</i>
Received by (signature): <i>Jeremiah Wade</i>	Inspected by (signature): <i>Dean Smith PETS</i>

cc:	cc:	cc:
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Operator Response to Inspection  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401  
Fax 765-651-2419  
e-mail [foods@grantcounty.gov](mailto:foods@grantcounty.gov)

DATE: 10/30/19

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 10-30-19.

DATE:

Action Taken:

- 10-30-19 295 ( Walls in back are clean by the biscuit area  
Top of the pot station clean  
cart in walk in cooler moved out of the cooler  
Black Bin out front by the fountain machine  
clean
- 431 Flooring in kitchen clean and taken care of
- 418 Employee corrected about been on her phone  
and not washing her hand ~~some~~ after using her  
phone.
- 345 front hand <sup>snt</sup> clean and used for only handwash
- 138 2 Employee will buy bread gu~~tas~~

Name of Respondent: Hardee's Jaemal White Title: Gen in training

Establishment Name: Hardee's

Address: 3808 S Western Ave

Attach additional sheets as needed.