



**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 <b>Hardees</b>	Telephone Number 765 Establishment 674-0000 Owner	Date of Inspection (mm/dd/yr) 4-19-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4950 Beaver Blvd Gas City	Owner 674-0000	Follow-up NO	Release Date 10 days
Owner Midwest First Star INC	Purpose: 1. Routine	Summary of Violations: C 1 NC 3 R 1	
Owner's Address 1850 Tossing Move Ct OH	2. Follow-up	Menu Type (See back of page) 1 2 3 4 5	
Person in Charge Jessica Carman	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Jessica Carman Exp 2026	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
345	C		3-Hand Sinks through out Kitchen are heavily soiled with a dark Residue: Hand Wash ONLY	Today
298	NC		3 microwaves through out Kitchen are heavily soiled inside and out to include underneath	
295	NC		The following Non Food Contact items are soiled with food debris 1) Lid on cooler holding Hamburger patties 2) counter holding biscuits 3) Top of Hash brown warmer	
138	NC		Employee prepping and wrapping Food with no hair restraint	

Received by (name and title printed): Jessica Carman, General Mgr	Inspected by (name and title printed): Scott Kikendall
Received by (signature): <i>Jessica Carman</i>	Inspected by (signature): <i>Scott Kikendall JS/O</i>
cc:	cc:



# GRANT COUNTY HEALTH DEPARTMENT

Phone: 765-651-2401 Ext. 3123/3111  
Fax: 765-651-2419

DATE: 4/20/21

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 Dean Small / Scott Kikendall from the Grant Co. Health Department on 4-19-21.

- | DATE:    | Action Taken:  |
|----------|--|
| 4/19 345 | sooke w/crow about only wore for hand washing, cleaned sink        |
| 4/19 138 | discussed policy about hats in kitchen employee was given new hat  |
| 4/20 298 | measures cleaned inside & out, added to nightly duties             |
| 4/20 295 | meat cooler cleaned heat insulating cleaned top of fry bin cleaned |

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Jessica Hughes Title: General manager  
 Establishment Name: Hercules  
 Address: 4950 Beamer Blvd