



**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 (677) <b>1110</b>	Date of Inspection (mm/dd/yr) <b>8.13.21</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>3808 S. Western Ave Marion</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Midwest First State Inc</b>	Summary of Violations: <b>C - NC 3 R -</b>	Menu Type (See back of page) <b>1 2 3 <u>X</u> 4 5</b>	
Owner's Address <b>1880 Tossing Ct OH</b>			
Person in Charge <b>Monica</b>			
Responsible Person's E-mail <b></b>			
Certified Food Handler <b>Monica Summitt exp 23</b>			

- 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
<b>295</b>	<b>NC</b>		<b>Under grill to include the top - grease / food debris</b>	<b>To Done</b>
<b>415</b>			<b>Pest Control - routinely inspection</b>	<b>Done</b>
<b>355</b>	<b>NC</b>		<b>Mop sink / service sink to be maintained</b>	

Received by (name and title printed): <b>Monica Summitt</b>	Inspected by (name and title printed): <b>Dennis Small / Scott Keen</b>
Received by (signature): <b>Monica Summitt</b>	Inspected by (signature): <b>Dennis Small / Scott Keen</b>
cc:	cc:



# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: \_\_\_\_\_

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 8-15-21.

DATE:	Action Taken:
8/13/21 295	Cleaned Grease Top & Bottom
8/13/21 355	Cleaned mop Sink / Service Sink.
8/13/21 415	Called Pest Control & Scheduled Inspection. (They came out on 8/18/21)

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

Name of Respondent: Monica Summitt Title: \_\_\_\_\_

Establishment Name: Hardees

Address: 3808 S. Western Ave. Marion