



**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>Ihop # 3313</b>	Telephone Number <b>765</b> Establishment	Date of Inspection <b>9-8-20</b> (mm/dd/yr)	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>3038 S Western Ave Marion</b>	Owner <b>662-9040</b>	Follow-up <b>NO</b>	
Owner <b>Ihop Indiana LLC</b>	Purpose: <b>1. Routine</b>	Release Date <b>10 days</b>	Summary of Violations: <b>C - NC 3 R 2</b>
Owner's Address <b>1048 N 44th St Suite 210 AZ</b>	2. Follow-up	Menu Type (See back of page) <b>1 2 3/4 5</b>	
Person in Charge <b>Larissa Bunch</b>	3. Complaint		
Responsible Person's E-mail <b></b>	4. Pre-Operational		
Certified Food Handler <b>Larissa Bunch Exp 4-27-22</b>	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
298	NC	X	microwave in kitchen is heavily soiled with food debris	Today
431	NC	X	The flooring throughout kitchen to include freezer	}
295	NC		The following non food contact items are soiled with food debris	
			1) Bottom of Fridge by oven 2) Bottom of Freezer across from oven	

Received by (name and title printed): <b>Larissa Bunch</b>	Inspected by (name and title printed): <b>Scott Likerell FSO</b>
Received by (signature): <i>Larissa Bunch</i>	Inspected by (signature): <i>Scott Likerell</i>
cc:	cc: