



**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>Kentucky Fried Chicken</i>	Telephone Number <i>(Not) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>7-2-17</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>13000 16th St Marion</i>	Telephone Number <i>(Not) Owner</i> <i>616-2207</i>	Follow-up <i>Yes</i>	Release Date <i>10 days</i>
Owner <i>Robert Listenberg</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Summary of Violations: <i>C 1 NC 4 R 2</i>	
Owner's Address <i>18077 River Rd Plymouth</i>		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in Charge <i>Rhonda Baugh</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Rhonda Baugh</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
295	C		Metal trays for other dishes stored clean but is soiled.	Today
307	NC	X	hood ventilation above fryers is soiled w/ grease & debris	
295	NC		The "following non food" items is soiled w/ grease/food. 1) Hobart mixer on outside 2) all shelving through out to include hot holding AREA 3) Inside walk in cooler & freezer 4) Need general wiping sanitation throughout.	
431	NC	X	Flooring through out to include under fryers & equipment	
138	NC		employees are using food w/o proper hand washment - bare hand	

Received by (name and title printed): <i>Rhonda Baugh</i>	Inspected by (name and title printed): <i>Deen Bell PSto</i>
Received by (signature): <i>Rhonda Baugh</i>	Inspected by (signature): <i>Deen Bell PSto</i>

cc:	cc:	cc:
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