



**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>Little Cresmas #553</i>	Telephone Number <i>(767) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>10-19-21</i>	ID # <i>27</i>
Establishment Address <i>1325 W 4th St Marion IN</i>	Owner <i>Tele 2-3355</i>	Follow-up <i>NU</i>	Release Date <i>10 days</i>
Owner <i>Sizzlin Cresmas LLC</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C - NC 2 R -</i>	
Owner's Address <i>P.O. Box 572408 UT</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 <u>3</u> 4 5</i>	
Person in Charge <i>Tiffany</i>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>Tiffany Roush exp 8-2026</i>	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
430	NC		<i>Ceiling tiles soaked w/ lint and other debris</i>	<i>10 days</i>
298	NC		<i>The following 'Non food' contact items is soaked w/ dried sauce food debris</i>	<i>Today</i>
			<i>1) outside plastic on metal racks to include the racks</i>	
			<i>2) Fan hanging in kitchen has lint.</i>	

Received by (name and title printed): <i>Tiffany Roush</i>	Inspected by (name and title printed): <i>Debra Smag / Scott K. Ken...</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

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

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 10/27/21

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 10-19-21.

DATE:	Action Taken:
<u>10/22/21</u>	<u>fan taken down by make station & landing</u>
<u>10/23/21</u>	<u>outside plastic on racks; soaked, cleaned, & sanitized</u>
<u>10/27/21</u>	<u>ceilings cleaned</u>

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

Name of Respondent: Tiffany Roush Title: General manager

Establishment Name: Little Caesars

Address: 1305 W. 4th St. - Marion, IN