



**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 Long John Silvers / A & W	Telephone Number 765 654 7042	Date of Inspection (mm/dd/yr) 6-28-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1409 W KEM RD Marion	() Owner		
Owner RONALD SWITZER	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 7-7-19
Owner's Address 811 CORPORATE DR STE 303 LEX KY		Summary of Violations: C 1 NC 6 R 3	
Person in Charge BOBBIE RENBARGER		Menu Type (See back of page) 1 2 3 X 4 5	
Responsible Person's E-mail N/A			
Certified Food Handler BOBBIE RENBARGER ISS: 2-11-19			

• 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
178	NC	X	ICE BUILDUP ON BOX'S OF FOOD IN WALK-IN FREEZER	TODAY
138	NC		EMPLOYEES PREPARING FOOD WITHOUT BEARD GUARDS	TODAY
431	NC	X	FLOOR THROUGHOUT KITCHEN, BACK PREP AREA, PREP LINE, TO INCLUDE FOYER SOILED WITH GREASE & OTHER DEBRIS	TODAY
430	NC	Y	FLOOR IN FRONT OF DEEP FRYERS IS COVERED BY A PAD NEED FIXED / REPLACED, TO INCLUDE 11-25 FLOOR TILES THAT ARE BROKEN / CRACKED NEED FIXED / REPLACED	TODAY
345	C		THE FRONT HANDSINK IS BEING USED AS A DUMP SINK, THIS SINK HAS TO REMAIN CLEAN	
310	NC		THE HOOD SYSTEM ABOVE FLAT PLATE GRILL SOILED WITH GREASE & DRIPPING ON FLOOR	TODAY
295	NC		PREP TABLES IN BACK & BISQUIT AREA SOILED WITH FOOD DEBRIS	TODAY

Received by (name and title printed): X Bobbi Renbarger	Inspected by (name and title printed): R Dale Carr - FSD
Received by (signature): X Bobbi Renbarger	Inspected by (signature): R Dale Carr - FSD
cc:	cc:

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 7/8/19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 6-28-19.

DATE: Action Taken:

7/2 - rearranged freezer to where condensation doesn't get on boxes

7/2 - put concrete in front of fryers & replaced broken tiles

7/3 - scrubbed kitchen floors & cleaned underneath equipment - doing it daily

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

Name of Respondent: Bobbi Renbarger Title: General manager

Establishment Name: Long John Silver's

Address: 1409 W. Ken Rd, Marion, IN 46952

- Attach additional sheets as needed.