



**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>Long Johns Silvers / A&amp;W</i>	Telephone Number <i>768</i> Establishment	Date of Inspection (mm/dd/yr) <i>5/19/21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1409 W Kem Rd Marion</i>	Owner <i>6664-7042</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Ronald Switzer</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C NC 5 R /</i>	
Owner's Address <i>Leighton Ky</i>		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in Charge <i>Bobbi Renbarger</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Bobbi Renbarger</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
307	NC		Hood system is missing vent-	ASAP
310	NC		Hood system is heavily soiled w/grease	
431	NC	X	Flooring soiled to include under equipment	Today
298	NC		Exposed 2 microwaves soiled	}
295	NC		Fountain machine out front has syrup on it.	

Received by (name and title printed): <i>Bobbi Renbarger</i>	Inspected by (name and title printed): <i>Dea Small FSD</i>
Received by (signature): <i>Bobbi Renbarger</i>	Inspected by (signature): <i>Dea Small FSD</i>
cc:	cc: