



**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>Marion-Grant Co. Senior Center</i>	Telephone Number <i>768-6772</i>	Date of Inspection <i>5-30-19</i>	ID # <i>27</i>
Establishment Address <i>503 S. Gallatin St Marion</i>	Owner <i>Wendy</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>SAME</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C ___ NC ___ R ___	
Owner's Address <i>SAME</i>		Menu Type (See back of page) 1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___	
Person in Charge <i>Lilly Crayton</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Not For Profit</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
298	NC		Inside the microwave up at the top is soiled	Today
295	C		Manual can opener & blade is soiled w/ dried food and metal shavings	10 days
307	NC		Hand system above grill/stove has a gap Needs fixed.	

Received by (name and title printed): <i>Lilly Crayton</i>	Inspected by (name and title printed): <i>Dean Smith FST</i>
Received by (signature): <i>Lilly Crayton</i>	Inspected by (signature): <i>Dean Smith FST</i>
cc:	cc:

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 6/3/2019

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 5-30-19.

DATE: 5/30/19 Action Taken: MICROWAVE OVEN CLEANED

5/30/19 MANUAL CAN OPENER CLEANED

5/31/19 HAD DAVE'S ADVANCED MAINTENANCE INC. LOOK AT HOOD GAP. HE IS ORDERING PART TO REPAIR. WILL REPAIR AS SOON AS POSSIBLE IN HIS SCHEDULING.

6/7/19 GAP IN HOOD REPAIRED WITH STAINLESS STEEL CLOSURE.

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

Name of Respondent: ELIZABETH A. WRIGHT Title: EXECUTIVE DIRECTOR

Establishment Name: MARION - GRANT CO. SENIOR CENTER

Address: 503 SOUTH GALLATIN, MARION, IN 46953

- Attach additional sheets as needed.