



## 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>Mark's Restaurant</i>	Telephone Number <i>(765) 975-9736</i>	Date of Inspection (mm/dd/yr) <i>6-1-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>938 W. Main St Marion IN</i>	( ) Owner <i>(765) 975-9736</i>	Follow-up <i>N</i>	Release Date <i>10 days</i>
Owner <i>Dane Franklin</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) _____	Summary of Violations:  <i>C - NC 2 R -</i>	
Owner's Address <i>Chapel PK Marion</i>		Menu Type (See back of page)  <i>1 2 3/4 5</i>	
Person in Charge <i>Dane</i>			
Responsible Person's E-mail _____			
Certified Food Handler <i>Kim Bishop exp 7024</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/N/C	R	Narrative	To Be Corrected By
<i>307</i>	<i>NC</i>		<i>Hand system above grill / Fryer needs cleaned</i>	<i>Today</i>
<i>295</i>	<i>NC</i>		<i>Fat between grill &amp; Fryers grease &amp; dirt</i>	<i>Today</i>

Received by (name and title printed): <i>DANE FRANKLIN</i>	Inspected by (name and title printed): <i>Dawn Smith FSTO</i>
Received by (signature): <i>Dane Franklin</i>	Inspected by (signature): <i>Dawn Smith FSTO</i>
cc:	cc:

## GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 6/02/21

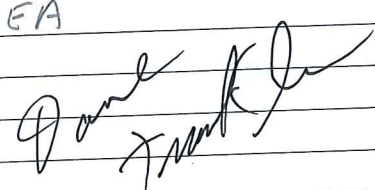
Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

**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 and/or Scott Kikendall at the Grant Co. Health Department on 6-1-21.

DATE: Action Taken:

June 2, 2021 Wed Night AFTER we closed  
CLEANED ALL THE GRILL AREA + 307 + 295  
KEPT OVER 7 WORKS  
CLEANED ALL OF GRILL AREA  
TABLES, FILTERS & HOOD



Name of Respondent: DAVE FRANKLIN Title: PRESIDENT

Establishment Name: \_\_\_\_\_  
Address: Myers Drive-In  
938 S. Washington St.  
Marion, IN 46953