



**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>McDonalds #38231</i>	Telephone Number <i>967</i> Establishment <i>674-6971</i> Owner	Date of Inspection (mm/dd/yr) <i>9-9-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1040 E Main St Gas City</i>	Owner <i>Nicholas Terhune</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address <i>4717 Whetung PK</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 2 R 2</i>	
Person in Charge <i>Nicole</i>	Responsible Person's E-mail	Menu Type (See back of page) <i>1 2/3 4 5</i>	
Certified Food Handler <i>Dave Morris exp 10-2021</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
295	NC		The Following Non Food - contact items are soiled with food debris 1) Outside of Metal Containers holding gummy on line 2) Ice Cream Toppings containers to include back of counter	Today
345	C	X	Hand Sink in Drive thru area is soiled with food debris & drink residue	}
431	NC	X	The Flooring between Grills - Fryers to include Drive thru area is soiled with food debris Also Ice Cream AREA	

Received by (name and title printed): <i>Dave Morris</i>	Inspected by (name and title printed): <i>Scott Kendall / Dean Smell</i>
Received by (signature): <i>Dave Morris</i>	Inspected by (signature): <i>Scott Kendall / Marshall PFA</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: 9-15-20

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 9-9-20.

DATE:                      Action Taken:

- 7-9-20    Scoured Drive thru hand sink. Posted sign for handwashing only
- 7-9-20    Cleaned greasy main floors, assigned breakfast cleanup person task to do daily
- 7-9-20    Cleaned ice cream finishing station
- 7-10-20   Mopped under equipment, assigned daily task to maintenance team

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

Name of Respondent: David Morris                      Title: Store Manager

Establishment Name: McDonald's Gas City

Address: 1040 E Main St Gas City IN 46933

Attach additional sheets as needed.