



**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>McDonald's - North</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr) 1-15-18</i>	ID # <i>27</i>
Establishment Address <i>1225 N Baldwin Ave Marion</i>	Owner <i>(765) 5149</i>	<i>1-18-18</i>	
Owner <i>Rick Reichenbach</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input checked="" type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <i>10 days</i>	Release Date
Owner's Address <i>1919 Prestwick Ln Ft Wayne Ind</i>		Summary of Violations: <i>C 1 NC 3 R 1</i>	
Person in Charge <i>Jeremiah Wade</i>		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>Jeremiah Wade exp. 4-15-2022</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
138	NC	X	Employees preparing food without a effective hand restrip * Previous CN 7-2018 also 1-2018	Today
431	NC		Flooring through out kitchen to include under power sinks - floor is soiled w/ dirt & food	Today
295	NC		Ten basket sitting in back by Ten container is stained-soiled.	Today
296	C		Up front spoons used for mCakes - must be in water & changed 2-4 hrs daily	Today
			* Complaint unbound	

*(Signature)*  
2/2/18

Received by (name and title printed): <i>Jeremiah Wade</i>	Inspected by (name and title printed): <i>Dawn Small PSTD</i>
Received by (signature): <i>Jeremiah Wade</i>	Inspected by (signature): <i>Dawn Small PSTD</i>
cc:	cc:

Operator Inspection Response  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2400  
Fax 765-651-2419

DATE: 1-15-19

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

*2/8/19  
WMM..*

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 1-15-2018

DATE: 1-15-19 Action Taken: Employees preparing Food without a Effective hair restraint was correct and we will do better with following the rules 138 NC

1-15-19 Flooring throughout the kitchen is clean now and my main person detail the whole kitchen 431 NC

1-15-19 Tea basket clean now 395 NC

1-15-19 Up Front correct now with Hot water in a container

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

Name of Respondent: Jeremiah Wash Title: Gm

Establishment Name: McDonald North #470

Address: 1225 N Baldwin Ave

• Attach additional sheets as needed.