



**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</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>5-19-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2006 S. Western Ave Marion</i>	Purpose: 1. Routine 2. Follow-up 3. <u>Complaint</u> 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>10 days</i>	Release Date
Owner <i>Jason Monfort</i>	Owner's Address <i>Hellie Bailey</i>	Summary of Violations: <i>C 1 NC 2 R -</i>	
Person in Charge <i>Hailey</i>	Responsible Person's E-mail	Menu Type (See back of page) <i>1 2 / 3 4 5</i>	
Certified Food Handler			

- 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
<i>295</i>	<i>C</i>		<i>lids at drive up AREA to include soda machine AREA - heavily soiled w/ dark debris.</i>	<i>Today</i>
<i>295</i>	<i>NC</i>		<i>condiment trays at drive up - debris/dust</i>	<i>Today</i>
<i>431</i>	<i>NC</i>		<i>outside on wall at drive up - soiled w/ dark residue & ketchup</i>	<i>Today</i>
			<i>- Complaint confirmed -</i>	

Received by (name and title printed):	Inspected by (name and title printed): <i>Dawn Smith FSTO</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature] FSTO</i>
cc:	cc: