



**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 <b>McDONALDS # 05052</b>	Telephone Number <b>(765) 621-5971</b>	Date of Inspection <b>8/23/19</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1024 E MAIN ST. GAS CITY</b>	( ) Owner	Follow-up <b>NO</b>	Release Date <b>9/2/19</b>
Owner <b>NICHOLAS TERHUNE</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C 2 NC 1 R</b>	
Owner's Address <b>4707 N WHEELING AVE - MUNCIE</b>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <b>DAVE MORRIS</b>	3. Complaint	<b>1 2 X 3 4 5</b>	
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational		
Certified Food Handler <b>DAVE MORRIS 10/6/16</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
345	C		THE HANDSINK BY THE ICE MACHINE IS BEING USED AS A DUMP SINK FOR COFFEE ECT. NOT ALLOWED	TODAY
431	NC		THE FLOORS THROUGHOUT THE KITCHEN, ORDER LINE, UNDER FOUNTAIN (SODA UNDER ALL EQUIPMENT HEAVILY SOILED WITH GREASE, AND OTHER DEBRIS	TODAY
295	C		THE FOLLOWING "FOOD CONTACT" SURFACES ARE SOILED WITH FOOD DEBRIS. X 1) RACK HOLDS WRAP PAPER FOR SANDWICHES, BURRITO'S ECT. 2) RACK NEXT TO 3-BAY SINK, HOLDING CLEAN DISHES 3) INSIDE ICE MACHINE & UNDER COOKING EQUIPMENT 4) TRAY HOLDING LIDS ACROSS FROM GRILL	TODAY
* NEW BUILDING BEING <del>BEING</del> CONSTRUCTED DUE OCT 2019				

Received by (name and title printed): <b>x David Morris</b>	Inspected by (name and title printed): <b>R Dale Carter - FSO / Dean Small - FSD</b>
Received by (signature): <b>x David Morris</b>	Inspected by (signature): <b>R Dale Carter - FSO / Dean Small - FSD</b>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 8-23-19

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 R. Dale Carr-FSIO / ~~Traci Little~~-FSIO DEAN SMITH from the Grant Co. Health Department on 8/23/19.

DATE:	Action Taken:
<u>8-23-19 - 395-C</u>	<u>Scrubbed sink of all residue and put up a hand wash only sign.</u>
<u>8-23-19 - 431-NC</u>	<u>Pulled all equipment and scrubbed floors behind front counter and in kitchen</u>
<u>8-23-19 - 295-C</u>	<u>Rack next to three bay sink was pressure washed with bleach and Ice machine was drained and deep cleaned.</u>
	<u>All other food contact surfaces were cleaned and sanitized.</u>

Name of Respondent: Zayne Hunter Title: 1st Assistant Manager

Establishment Name: McDonald's - Gas City

Address: 1024 E. Main St. Gas City