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 McDonalds #38231	**Telephone Number** Yes Establishment ( ) Owner 679 6971	**Date of Inspection** (mm/dd/yr) 7-12-21	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 1040 E Main St Gas City			
Owner Nicholas Techuve	**Purpose:** 1 (Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	**Follow-up** NO	**Release Date** 10 days
Owner's Address 4707 Wheeling PK Muncie		**Summary of Violations:** C 1 NC 1 R 1	
Person in Charge Brittany			
Responsible Person's E-mail		**Menu Type** (See back of page) 1 2 X 3 4 5	
Certified Food Handler Brittany Hagerman exp 6/2025			

- 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		Hand sink AT drive is blocked w/ coffee basket also being used as a dump station. Only for washing hands	Corrected
295	NC	X	Flooring in kitchen to include under fryers - food debris / trash	Today

Received by (name and title printed): Brittany Hagerman

Received by (signature):

Inspected by (name and title printed): Deputy Sanitarian

Inspected by (signature):

cc: cc: cc: