



**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.

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|--|--|--|--------------------------------|
| Establishment Name Mc DONALDS "LOVES" | Telephone Number 765 663 6502 | Date of Inspection (mm/dd/yr) 9/18/19 | ID # 27 |
| Establishment Address (number and street, city, state, ZIP code) 253 TIPPY DITCH DR - MARION | () Owner | Follow-up NO | Release Date 9/28/19 |
| Owner RICK REICHENBACH | Purpose: <input checked="" type="checkbox"/> 1. Routine | Summary of Violations: C 2 NC 1 R 0 | |
| Owner's Address 1919 PRESTWICK - LN FT. WAYNE | <input type="checkbox"/> 2. Follow-up | | |
| Person in Charge JENNIFER GRAY | <input type="checkbox"/> 3. Complaint | Menu Type (See back of page) 1 2 3 X 4 5 | |
| Responsible Person's E-mail N/A | <input type="checkbox"/> 4. Pre-Operational | | |
| Certified Food Handler JENNIFER GRAY 10/15/20 | <input type="checkbox"/> 5. Temporary | | |
| | <input type="checkbox"/> 6. HACCP | | |
| | <input type="checkbox"/> 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 |
|----------|------|---|---|--------------------|
| 129 | C | | employee putting on gloves without first washing hands | Corrected |
| 218 | NC | | Papertowel DISPENSER IS BROKEN Needs Fixed / Replaced | TODAY |
| 295 | C | | Sanitizer Buckets (3) Heavily soiled with wiping cloths in Also WATER IS DISCOLORED | Corrected |
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|---|---|
| Received by (name and title printed): Jennifer Gray | Inspected by (name and title printed): R Dale Carr - PSDO |
| Received by (signature): <i>Jennifer Gray</i> | Inspected by (signature): <i>R Dale Carr</i> |
| cc: | cc: |

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 9-18-19

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

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 9/18/19.

| DATE: | Action Taken: |
|---------|--|
| 9-19-19 | went over proper hand washing |
| 9-19-19 | Paper towel holder on order |
| 9-19-19 | went over towel bucket procedures with crew |
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(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Jennifer Gray Title: GM
Establishment Name: Mcdonalds (Loves)
Address: 253 Tippy ditch Dr Marion IN 46952

o Attach additional sheets as needed.

