



**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>McDonald's South</b>	Telephone Number <b>(765) 574-5749</b>	Date of Inspection (mm/dd/yr) <b>4-2-19</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>2006 S WESTERN AVE - MARION</b>	( ) Owner	Follow-up <b>NO</b>	
Owner <b>JASON MONFORT</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Release Date <b>4-12-19</b>	Summary of Violations:  C ___ NC ___ R ___
Owner's Address <b>P.O. Box 125 COZIMA OH</b>	1. Other (list) <b>OK TO OPEN 11 AM</b>	Menu Type (See back of page) <b>1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___</b>	
Person in Charge <b>JASON MONFORT</b>			
Responsible Person's E-mail <b>N/A</b>			
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
			(Complaint) - Ceiling tile Replaced	BEFORE OPEN AT 11 AM
			- Roofing Contractors on site to fix Roof to prevent leaks on floors/ EQUIPMENT	}
410	NC		- Several light in prep areas do not have shields or hoods caps, not shatter RESISTANT	
431	NC	X	GREASE / food debris around / under ALL equipment.	
430	NC		SEVERAL TILE BROKEN / MISSING throughout facility need fixed / replaced. (FLOOR)	90 DAYS
295	NC		EQUIPMENT USED IN COOKING process, TOASTER, MICROWAVE, SHELVING ETC SOILED WITH FOOD DEBRIS	
Received by (name and title printed): <b>JASON MONFORT</b>			Inspected by (name and title printed): <b>Kyle Carr - FSD</b>	
Received by (signature): <i>[Signature]</i>			Inspected by (signature): <i>[Signature]</i>	
cc:		cc:		cc:



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Establishment Name <i>McDonald's South</i>	Telephone Number (765) Establishment <i>664-5749</i>	Date of Inspection (mm/dd/yr) <i>4-1-2019</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2006 S Western Ave Marion</i>	Owner <i>Jason Monfort</i>	Follow-up <i>Yes</i>	Release Date
Owner's Address <i>P.O. Box 125 OH</i>	Purpose: 1. Routine 2. Follow-up 3. <u>Complaint</u> 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  C ___ NC ___ R ___	
Person in Charge <i>Jason</i>	Responsible Person's E-mail	Menu Type (See back of page)  1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
Certified Food Handler <i>Hallie Bailey exp 6-2023</i>			

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Section#	C/NC	R	Narrative	To Be Corrected By
-			Received complaint of buckets catching water up front by register over 1 month ago. Made contact and was told this leaks were being taken care of they had to wait til snow was off roof	
-			Received complaints via phone that there is water being collected by buckets and leaks in the kitchen. Turkey town night-city and myself agree to shut restaurant down until leaks are fixed. These leaks are around electrical as well in kitchen on equipment and food.	Restaurant can't be reopened until approved by health dept. Subject to do so and results + PRAISE
-			owner (Jason) was advised when the leaks are fixed and things replaced to contact city bling department & health dept for inspection on reopening.	765-651-2401 ext 111

Received by (name and title printed): <i>Jason Monfort</i>	Inspected by (name and title printed): <i>Dean Smith FSTJ</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: