



**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 (765) Establishment	Date of Inspection (mm/dd/yr)	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1040 E Main St Gas City	Owner 674-6971	5-11-21	
Owner Nicholas TerHune	Purpose: 1. Routine	Follow-up NO	Release Date 10 days
Owner's Address 4707 N Wheeling Pike ^{munck}	2. Follow-up	Summary of Violations: C 1 NC 2 R 1	
Person in Charge Brittany	3. Complaint	Menu Type (See back of page) 1 2X 3 4 5	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Brittany Hagerman 6-9-2020	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
295	NC		The following "Non Food" Contact items is soiled w/ dried food and or grease 1) Bottom of cooler that has sausage in it 2) Top of Fry station	To day
191	C		+/- Milk out of date 5-9-2021 10	Corrected
431	NC	X	Flowing to include under fry station soiled w/ grease & food	To day

Received by (name and title printed): Brittany Hagerman	Inspected by (name and title printed): Dem... / Scott K Kendall
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 5-13-21

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 Dean Small and/or Scott Kikendall at the Grant Co. Health Department on 5-11-21.

- | DATE: | Action Taken: |
|----------------|--|
| <u>5-11-21</u> | <u>Pitched milk cartons that were out of date</u> |
| <u>5-11-21</u> | <u>Pilled Fry station out and mopped underneath, cleaned around Fry lights, ordered an end cap to place over gap between Fryer and bagging station to prevent oil from dripping between.</u> |
| <u>5-11-21</u> | <u>Thawed meat Freezer out and cleaned out inside bottom.</u> |
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Name of Respondent: David Morris Title: Store Manager

Establishment Name: McDonalds

Address: 1040 E. Main St. Gos City IN 46933

Attach additional sheets as needed.