



**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 <i>Meijer Store #153</i>	Telephone Number <i>(767) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>2-1-19</i>	ID # <i>27</i>
Establishment Address <i>3870 S. Western Ave Marion</i>	<i>677-6900</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Meijer Store Limited Partnership</i>	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: <i>C 3 NC 2 R 2</i>	
Owner's Address <i>2929 Walker Ave NW-GR ME</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Ashley</i>	3. Complaint	1 ___ 2 ___ 3 <i>h</i> 4 ___ 5 ___	
Responsible Person's E-mail <i>[Redacted]</i>	4. Pre-Operational		
Certified Food Handler <i>Aaron Adams exp 8/2021</i>	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
			<i>- Hot Foods / Deli -</i>	
<i>187</i>	<i>C</i>		<i>Boneless chicken temped at 110°F - should temp 135°F or above.</i>	<i>Employee Removed</i>
<i>295</i>	<i>C</i>		<i>Slicer sliced clean however is soiled</i>	<i>Today</i>
<i>129</i>	<i>C</i>	<i>X</i>	<i>Changing gloves w/o first washing hands</i>	<i>Today</i>
			<i>- Bakery -</i>	
<i>295</i>	<i>NC</i>		<i>metal carts that holds bakery trays the entire cart is soiled w/ debris</i>	<i>Today</i>
<i>299</i>	<i>NC</i>	<i>X</i>	<i>Inside Microwave - Trays soiled</i>	<i>Today</i>
			<i>- No violations in - Produce Meat DAIRY</i>	

*2/8/19  
WSDM*

Received by (name and title printed): <i>Ashley Ayres GMLL</i>	Inspected by (name and title printed): <i>Dem Smith PSE / R. Dale Lu FSD</i>
Received by (signature): <i>Ashley Ayres</i>	Inspected by (signature): <i>Dem Smith PSE / R. Dale Lu FSD</i>
cc:	cc: