



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

GRANT COUNTY HEALTH DEPARTMENT
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>765 Establishment (677) 6009</i> | Date of Inspection (mm/dd/yr) <i>1-10-2020</i> | ID # <i>27</i> |
| Establishment Address (number and street, city, state, ZIP code) <i>3820 S. Western Ave Marion</i> | | Follow-up | Release Date <i>10 days</i> |
| Owner <i>Meijer Stores Limited</i> | Purpose: <u>1. Routine</u> | Summary of Violations: <i>C 1 NC 5 R 2</i> | |
| Owner's Address <i>Walker St - Grand Rapids MI</i> | 2. Follow-up | | |
| Person in Charge <i>Aaron Adams</i> | 3. Complaint | Menu Type (See back of page) | |
| Responsible Person's E-mail _____ | 4. Pre-Operational | 1 2 3 <u>X</u> 4 5 | |
| Certified Food Handler <i>Kyle MARINE</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>- Meat -</i> | |
| <i>324</i> | <i>NC</i> | <i>X</i> | <i>At 3 bay sink water dripping at the connections Needs fixed/replaced</i> | <i>10 days</i> |
| | | | <i>- Bakery -</i> | |
| <i>295</i> | <i>NC</i> | | <i>2 carts that have flat sheet pans - soiled at bottom of carts.</i> | |
| <i>430</i> | <i>NC</i> | | <i>East door at cake display counter the trim at top glass door is loose/broke. Need to maintain premises.</i> | <i>10 days</i> |
| | | | <i>- Deli -</i> | |
| <i>295</i> | <i>NC</i> | | <i>Racks holding single service packages, I.E. to go container racks heavily soiled w/ debris</i> | <i>10 days</i> |
| <i>295</i> | <i>C</i> | | <i>2 clean containers w/ clean utensils - containers are soiled and in contact w/ utensils</i> | |
| <i>431</i> | <i>NC</i> | <i>X</i> | <i>Flooring under fryers is soiled.</i> | |

| | |
|---|---|
| Received by (name and title printed): <i>X Aaron Adams</i> | Inspected by (name and title printed): <i>D. Smith FST / D. Carr FST</i> |
| Received by (signature): <i>X [Signature]</i> | Inspected by (signature): <i>[Signature] / [Signature]</i> |
| cc: | cc: |

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 1-10-2019

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 1-10-2020.

| DATE: | Action Taken: |
|----------------|--|
| 1-10-2019 #324 | Meat 3 Bay Sink Dripping Issued Repair Request |
| 1-10-2019 #275 | Bakery 2 Carts and one soiled This is Done |
| 1-10-2019 #430 | Bakery Cake Case Trim on Counter Loose This is Fixed |
| 1-10-2019 #295 | Deli soiled back for single service items This is cleaned and completed |
| 1-10-2019 #295 | Deli 2 Clear Containers with Utensils soiled This is cleaned and completed |
| 1-10-2019 #831 | Deli Floor Under Fryers soiled This has been cleaned and completed |

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Jal Clark Title: Food Lines Lead
 Establishment Name: Meijer Supermarkets #153
 Address: 3820 South Western Avenue, Marion, In. 46953

o Attach additional sheets as needed.