



**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 Meijer Store #153	Telephone Number 765 Establishment	Date of Inspection (mm/dd/yr) 7-13-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3820 S Western Ave Marion IN	Owner 677-6880	Follow-up Me	Release Date 10 days
Owner Meijer Stores Unlimited Partnership	Purpose: 1. Routine <input checked="" type="checkbox"/>	Summary of Violations: C 1 NC 6 R	
Owner's Address 2929 Walker Ave NW MI	2. Follow-up	Menu Type (See back of page) 1 2 3 X 4 5	
Person in Charge AARON ADAMS	3. Complaint		
Responsible Person's E-mail _____	4. Pre-Operational		
Certified Food Handler Kylo Marwe	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
			- Deli -	
298	NC		Inside of Microwave soiled. the one on North End	
295	NC		Inside of Cheese Cooler dried cheese on bottom	
295	C		2 Plastic Tubs holding clean utensils is soiled ON INSIDE	
431	NC		Food debris on Floor under warmers IF: Chicken	
431	NC		- Bake - Flooring in Bakery is soiled to include corners	
324	NC		- General - Mens Restroom - Hand sink leaking at Elbow underneath bucket catching water	
310	NC		Vent Capers Missing in mens Restroom	

Received by (name and title printed): Aaron Adams Store Director	Inspected by (name and title printed): Scott Kenball / Dean Smeal /
Received by (signature): 	Inspected by (signature):
cc:	cc:

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

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 7-13-20

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 / Scott Kikendall from the Grant Co. Health Department on 7-13-20.

DATE: Action Taken:

7-13-20 #298 Move Cleaning Cycle on Microwave to No less than 3 times daily and Management follow up during store walks

7-13-20 #295 Place the inside of the Check Code, on the daily cleaning list. Pull location for detailed cleaning

7-13-20 #295 Plastic tablecloth Clean Utensils will be cleaned daily and checked by Management

7-13-20 #431 Deli food debris on floor under warmers will be placed on the cleaning list and done daily

7-13-20 #431 Bakery floor will be cleaned during the day and a deep clean during closing

7-13-20 #324-#310 Men's bathroom placed with order for the leaking floor under sink and replacement vent cover

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

Name of Respondent: John Owens Title: Fresh Lines Lead

Establishment Name: Meijer Supermarkets

Address: 3890 South Western Avenue Marion, Indiana