



**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 Northward Manor	Telephone Number 705 Establishment (662-4700)	Date of Inspection (mm/dd/yr) 3-18-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1590 W Tiber View Dr Marion	Owner Five Star Senior Living	Purpose: 1. Routine	Follow-up —
Owner's Address 400 Centre St. Newton MA	Person in Charge Amanda Tucker	2. Follow-up	Release Date 10 days
Responsible Person's E-mail N/A	Certified Food Handler Joseph Brinker issue 11-2017	3. Complaint	Summary of Violations: C 1 NC 3 R 3
		4. Pre-Operational	
		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 Surfaces soiled with old food debris 1) 6 burner stove on sides and back 2) Door handles to freezers & refrigerator 3) Drip trays of stove and Aluminum foil changed 4) Single door Tve cooler bottom shelf	Today
431	NC	X	Floor & walls under equipment throughout kitchen has dried food & other debris	10 days
295	C		A Leg Knife hanging in Knife holder on wall stored as clean - blade is soiled w/ dried food	
308	NC		HVAC vents in kitchen ARE rusted - need painted.	

Received by (name and title printed): AMANDA TUCKER	Inspected by (name and title printed): DEAN SMALL PSEO
Received by (signature): 	Inspected by (signature):
cc:	cc: