REPORT OF INSPECTION FOR BED AND BREAKFAST ESTABLISHMENT

State Form 46127 (8-93)

GRANT COUNTY HEALTH DEPARTMENT

Based on an inspection this day the item(s) circled below identify violation(s) of Rule 410 IAC 7-15.5.

The time limit for correction of each violation is specified in the narrative section of this report.

Name of owner				Name of establishment							MENU			
MREN HEINCKER					$ \mathcal{L}U $	D WAK	TNN	Telephone number						
Address (number, street, city, state, ZIP code)				MARION				7656036681			Boonklast			
ESTABLISHMENT I.D.				DATE NUMBER OF			PUF	RPOSE			only			
COUNTY DISTRICT TYPE EST. NO.			YR.	MO. DAY	1 - Regular 3 - Follow-up			Complaint Survey						
027						4	5 - Standardization	Standardization 6 - Other						
CRITICAL ITE					E IDENTIFIE	D BY AN AST	ERISK (*) AND L	LARGE SIZED WEIGHT						
ITEM				WT.	ITEM			W	т.	ITEM WT. TOILET AND HANDWASHING FACILITIES			WT.	
FOOD * 01 Food from approved sources and in sound condition with no spoilage.				5	provided a		chemical test kits ushed, prescraped and		1	*31 Adequate n	NDWASHING FACILITIES number properly designed and installed. onvenient and accessible.			
02 Food containers properly labeled.				1	prewashed	l as needed.	asileu, prescrapeu anu	1	1	32 Toilet room properly enclosed. Fixtures in good repair and clean. Adequate tissue, hand cleaner, sanitary			2	
FOOD PROTECTION *03 Potentially hazardous foods meets temperature requirements during storage, preparation, display and service.				5	Wash and rinse water clean and maintained at proper temperatures. *20 Sanitizing rinse water clean and maintained at				2	provided. GARBAGE AND	and drying devices, and waste receptacles			
 * 04 Facilities adequate to maintain product temperature provided. 					proper tem concentrati	proper temperature or with proper chemical concentration. Exposure time adequate. Equipment and utensils properly sanitized.					nt to insects and raind pick-up frequen	odents. Number of ency adequate.	2	
05 Accurate thermometers provided and properly located.				1	constructed ar					rage areas and er and clean.	nclosures properly	1		
06 Potentially hazardous food properly thawed.				2	Food contact surfaces of equipment and utensils clean, free of detergents and abrasives.				2)	INSECT, RODENT, AND OTHER ANIMAL CONTROL				
* 07 Cross-contamination of food prevented. 08 Food adequately protected during storage,				2	23 Nonfood-contact surfaces of equipment and utensils clean.				1	*35 No evidence	ce of insects or rodents present and outer adequately protected. No other animals			
preparation, display, service, and transportation. 09 Handling of food (<i>including ice</i>) minimized.				2	stored.		s properly handled and		1	36 Floors prope	LS, AND CEILINGS perly constructed, installed, drained, d in good repair and clean.		1	
10 In use food (including ice) dispensing utensils properly stored.				1	used.	used. 37 Walls, ceilings are constructed, insta						equipment properly ined in good repair and	1	
PERSONNEL *11 Personnel with infections effectively restricted.				5	WATER					clean.		4		
*12 Hands clean and good hygiene practiced. Tobacco use and food consumption only in designated areas.				5	*27 PUBLIC SUPPLY PRIVATE SUPPLY Source approved and sufficient supply (hot and cold) under pressure provided. SAMPLE TAKEN Supply (hot and cold) VENTILATION 39 Rooms and equipmen								1	
13 Clean outer clothing.				1	SEWAGE				OTHER OPERAT	TIONS				
FOOD EQUIPMENT AND UTENSILS 14 Food contact (including ice) surfaces properly designed, constructed, located, installed and				2	*28 PUBLIC SYSTEM PRIVATE SYSTEM Sewage and waste water disposal adequate and sanitary.					*41 Toxic items	eaning and maintenance equipment properly stored. 1 xic items properly stored, labeled, and used. Only scessary toxic items on hand. 5			
maintained. 15 Nonfood-contact surfaces properly designed,				1	PLUMBING				1	42 Premises free of litter and unnecessary articles. 1			1	
constructed, located and maintained.						stalled and mainta				43 Occupancy register maintained.		1		
Dishwashing facilities properly designed, constructed, located, installed, maintained, cleaned and operated.				2	*30 No cross-connections, effective backsiphonage and backflow prevention devices installed.				5		d soiled linen properly stored. Laundered adequate sheets.			
ITEM NO.	WT.				REMARKS							TO BE CORRECTE	ED BY	
32		Con	Lavier	Soiled with clean Hensels in								Immedia	lely	
			MOSTE	יםמחח	ORNE II I ME	SSES APE C	AUSED BY NON	COMP) I I A	NCE WITH IT	FM #3			
FOLLOW-UP A	CTION		WOS1 FC	שמטט	JANE ILLINE	JOES ARE C	TOOLD BI NON			IG SCORE:	LIN #3			
Reinspection					1 Routine 7-2-19				("100" Less weight of items violated)					
Recieved by	(name	² and title)				Inspected by	(name/and title	•	,		PA	AGE 1 OF		
Film June -														
1	1.	3	QUES	MOITE	NS OR CO	MMENTS?	PLEASE	CAL	.L (765) 651-2	401			

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Fax 765-651-2419 DATE: 7-2-2019
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
DATE: Action Taken:
7-2-2019 Container cleaned / disinfected
Thermostip to the transfer of
When the salue plate with the
(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).
Name of Respondent: Title: Mukeeper
Establishment Name:
Address: 2213 W 38th Street, Maxim N 46953

Attach additional sheets as needed.