



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: Out Post RESTAURANT; Telephone Number: 765-948-4910; Date of Inspection: 4-15-19; ID #: 27; Owner: JEAN BAUER; Purpose: 1. Routine; Person in Charge: CORI DICKESS; Certified Food Handler: JEAN BAUER 9-16-14

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains two entries: 295 C THE MECHANICAL CAN OPENER Blade & BASE HAS Debris & METAL SHAVINGS ON GEAR AND BASE; 295 NC THE DEEP FRYER INTERIOR IS SOILED WITH LINT, GREASE & OTHER Debris

Received by (name and title printed): [Signature] - FSIO; Inspected by (name and title printed): [Signature] - FSIO; Received by (signature): [Signature]; Inspected by (signature): [Signature]

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 111 / 123  
Fax 765-651-2419

DATE: 4-29-19

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 R.Dale Carr-FSIO / Dean Small-FSIO from the Grant Co. Health Department on 4/15/19.

DATE:	Action Taken:
	<u>can opener blade has been cleaned</u>
	<u>deep fryer has been cleaned</u>

Name of Respondent: Jean Bauer Title: owner

Establishment Name: outpost Restaurant

Address: 9060 SE 00W Fairmount, In 46928