



**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 <i>Panda Express # 3346</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>5-3-21</i>	ID # <i>27</i>
Establishment Address <i>4180 S. Westwood Ave Marion</i>	<i>(746) Owner</i> <i>7309</i>	Follow-up <i>-</i>	Release Date <i>10 days</i>
Owner <i>Panda Express Inc</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 2 NC 3 R -</i>	
Owner's Address <i>Rosewood CA</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Person in Charge <i>Israel</i>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>Israel Fournes exp 1-2026</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>295</i>	<i>NC</i>		<i>The following "Non Food" Contact items is sorted w/ dried food & are greasy</i> 1) <i>Bottom of rice warmer to include bottom of cart</i> 2) <i>handles on coolers and floor cooler / freezer</i> 3) <i>Side of floor cooler</i> 4) <i>Top of hand sink on west end</i>	
<i>431</i>	<i>NC</i>		<i>Planning on grill lines to include under equipment sorted for dried food.</i>	
<i>296</i>	<i>C</i>		<i>The strainer hanging above clean lids is sorted and touching lids</i>	
<i>295</i>	<i>C</i>		<i>Plastic tubs stored "clean" has orange space on them</i>	
<i>304</i>	<i>NC</i>		<i>metal plates by grill stored wet - Needs to air dry</i>	

Received by (name and title printed): <i>Brooke Sullivan</i>	Inspected by (name and title printed): <i>Debra J. Smith RST</i>
Received by (signature): <i>Brooke Sullivan</i>	Inspected by (signature): <i>Debra J. Smith</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 05/03/21

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 and/or Scott Kikendall at the Grant Co. Health Department on 5-3-21.

DATE: _____ Action Taken:

- o Clean ~~hand~~ handle on cooler every hour.
- o Clean out rice cabinet/warmer every night.
- o Retrain dishwasher of proper steps.
- o Make sure metal plates are air dried completely before using.

Name of Respondent: Katlyn Burton Title: Shift leader
~~Panda Express~~

Establishment Name: Panda Express

Address: 4180 S. Western Ave. Marion IN