



**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 Penguin Point #61		Telephone Number (765) 674-7388	Date of Inspection (mm/dd/yr) 5/20/19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3406 S. Adams St. Marion		() Owner		
Owner Penguin Point Restaurants Group		Purpose: 1. Routine	Follow-up YES	Release Date 5/30/19
Owner's Address PO Box 975 WARSAW IN		2. Follow-up	Summary of Violations: C 3 NC 4 R 1	
Person in Charge MEGAN E HAWKINS		3. Complaint		
Responsible Person's E-mail N/A		4. Pre-Operational	Menu Type (See back of page) 1 2 3 X 4 5	
Certified Food Handler MEGAN E HAWKINS expires 9/30/19		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	C		THE MEAT SLICER STORED AS CLEAN, SOILED WITH FOOD AND OTHER DEBRIS	TODAY
431	NC		THE FLOOR THROUGHOUT HAS Broken tiles & grout missing, ALSO GREASE & other debris along walls and under all equipment (KITCHEN-FOOD PREP)	}
296	C		Container holding plastic ware is soiled with food debris, plastic ware NOT WRAPPED	
218	NC		THE PAPER DISPENSER IS BROKEN AND DOOR TO FREEZER IS BROKEN ON INSIDE THIS DOOR IS IN front of DEEP fryers	
295	NC		UNDER/ Bottom of 3 Deep fryers, plastic sheet tray holding TO GO containers AND	

Received by (name and title printed): Megan Hawkins	Inspected by (name and title printed): R. Dale Blair - FSD
Received by (signature): <i>Megan Hawkins</i>	Inspected by (signature): <i>R. Dale Blair - FSD</i>
cc:	cc:

NARRATIVE REPORT

Establishment Name Penguin Point # 61			Address 3406 S Adams St.			Inspection Date 5/20/19		
Section#	C/NC	R	REMARKS				TO BE CORRECTED BY	
118	C		NEED TO POST AND TRAIN ABOUT FOOD BORN ILLNES, EMPLOYEES COULD NOT ANSWER QUESTIONS PERTAINING TO SECTION 120 OF CODE.				TODAY	
138	NC	X	EMPLOYEE DOING WAREWASHING AND OTHER TASK HAS BEARD NEEDS A BEARD GUARD				}	
			Follow-up LATE JUNE 2019					
Received By (Name & Title)			Inspected By (Name & Title)			Page <u>2</u> of <u>2</u>		
Megan E. Hamilton			R. J. ... FSID					

Grant County Health Department

Phone 765-651-2401 ext 111
Fax 765-651-2419

Date: 5-30-19

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by your agency's representative DALE CARR on 5/20/19.

DATE ACTION TAKEN

295 - more training on how to clean inside and out and under,

A31 - added new tile had employee replace most still
waiting on order of more tile.

296 - retrain and explain how if any paper product or
food is in any location, that location is the same as any
counter top.

218 - order a new towel dispenser should be in June
7th,

118 - wanting to post 11nes sheets,

Name Dean Middleton Title Manager

Establishment Penguin Point

Address 3406 S Adams ST