



**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 <b>Plymouth Club</b>	Telephone Number <b>765</b>	Date of Inspection (mm/dd/yr) <b>10-16-20</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>2018 W 2nd Marion</b>	Establishment <b>(662-6312)</b>	Owner <b>10-16-20</b>	
Owner <b>Dorely/Stephanie Brown</b>	Purpose: <b>1. Routine</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner's Address <b>7613 E 500 N Van Buren</b>	2. Follow-up	Summary of Violations: <b>C2 NC 2 R1</b>	
Person in Charge <b>Ernie</b>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail <b>_____</b>	4. Pre-Operational	1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Certified Food Handler <b>Stephanie Brown Exp 2022</b>	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	-BQR- Narrative	To Be Corrected By
191	C	X	In walk in cooler container of chili dated 9-28 is past 7 day sale date	Removed
295	NC		Fan in kitchen has debris on sides needs cleaned	Today
			-PIZZA-	
295	NC		counter next to hand sink has dough and food debris	Today
295	C		Pizza spatula stored clean with other utensils is soiled w/food debris	Removed

Received by (name and title printed): <b>ERNE FERGUSON</b>	Inspected by (name and title printed): <b>Scott Kendall Dean Small</b>
Received by (signature): <i>Ernie Ferguson</i>	Inspected by (signature): <i>Scott Kendall Dean Small</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: 10-16-20

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 / Scott Kikendall from the Grant Co. Health Department on 10-16-20.

DATE:	Action Taken:
<u>10-16-20</u>	<u>Section: 191 removed chili out of walk-in and discarded in front of Scott and Dean</u>
<u>10-16-20</u>	<u>Section: 295 removed pizza spatula from other utensils and put in sink to be washed</u>
<u>10-16-20</u>	<u>Section: 295 cleaned counter next to hand sink removed flour and dough</u>
<u>10-16-20</u>	<u>Section: 295 cleaned fan in kitchen - wipe everything off it</u>

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Kimberly Newby Title: Manager

Establishment Name: Plymouth Club

Address: 2018 West 2nd Street Marion, IN. 46952