



**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>Kallys</b>	Telephone Number <b>7247</b> <small>(Establishment)</small>	Date of Inspection <b>10-29-19</b> <small>(mm/dd/yr)</small>	ID # <b>27</b>
Establishment Address <b>602 N Baldwin</b>	<b>Marion</b>		
Owner <b>Checkers Drive In</b>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner's Address <b>4300 W Cypress St</b>		Summary of Violations: <b>C</b> ___ <b>NC</b> ___ <b>R</b> ___	
Person in Charge <b>Nyoka Denny</b>		Menu Type (See back of page) <b>1</b> ___ <b>2</b> <input checked="" type="checkbox"/> <b>3</b> ___ <b>4</b> ___ <b>5</b> ___	
Responsible Person's E-mail <b>N/A</b>			
Certified Food Handler <b>MARIA SOTO exp 11/2021</b>			

- 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
235	NC		Ice bucket sitting by food line not inverted	To Day
345	C		Employee personal drink sitting on top of ice bin	Removed
191	C		Pickles, leftover USB by date 10-28 8:14am sitting in walk in cooler	To Day
431	NC		Flooring in walk in has trash and items spilled	To Day

Received by (name and title printed): <b>Nyoka Denny</b>	Inspected by (name and title printed): <b>Dawn Smith PSD</b>
Received by (signature): <i>Nyoka Denny</i>	Inspected by (signature): <i>Dawn Smith PSD</i>
cc:	cc:

## GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401  
Fax 765-651-2419  
e-mail foods@grantcounty.gov.

DATE: 10-29-19

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 Dale Carr / Dean Small from the Grant Co. Health Department on 10-29-19.

DATE:	Action Taken:
<u>10-29-18</u>	<u>035 sanitized and inverted Ice bucket</u>
<u>10-29-18</u>	<u>345 removed drink cup office bin and informed employee this cannot happen.</u>
<u>10-29-18</u>	<u>191 discarded outdated lettuce &amp; pickles</u>
<u>10-29-18</u>	<u>431 we cleaned up the shake base that was spilled in cooler</u>

Name of Respondent: Unyoka Denney Title: Shift manager  
Establishment Name: Rallys  
Address: 6002 N. Baldwin