



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>Rosies Little Italy</i>	Telephone Number <i>(708) Establishment</i>	Date of Inspection (mm/dd/yr) <i>7-8-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3909 S. Westwood Ave Marion IN</i>	() Owner	Follow-up <i>NO</i>	Release Date <i>70 days</i>
Owner <i>Tommy Columbus</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 3 NC 2 R -</i>	
Owner's Address <i>6836 E 100S</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in Charge <i>Karlene Spencer</i>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
	5. Temporary		
	6. HACCP		
	7. Other (list)		
Certified Food Handler <i>DENNIS Wilson exp 10/2021</i>			

- 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/N/C	R	Narrative	To Be Corrected By	
295	NC		The following "Non food" contact items is soiled w/ dried food and/or other debris 1) FLOOR FAN 2) Base tubes & green dish steamers 3) Base carts 4) Scoops on outside 5) Handles on coolers - freezers	Today	
295	C		1) Metal Shelving Steamy Chem plates is heavily soiled 2) metal can by microwave holding Chem liquid is dirty at the bottom		
173	C		Raw chicken in walk-in cooler stored above other food.		
139	C		Blocks of Cheese has mold residue and date 8/2020		Removed
298	NC		Inside Microwave is soiled		

Received by (name and title printed): <i>Karlene A Spencer</i>	Inspected by (name and title printed): <i>Dawn Smith / Staff Kikabell</i>
Received by (signature): <i>Karlene A Spencer</i>	Inspected by (signature): <i>Dawn Smith / PSC Staff Kikabell</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 7-10-21

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 / Scott Kikendall from the Grant Co. Health Department on 7-8-21.

DATE: _____ Action Taken: _____

Reply to 295 - Have all been cleaned

Reply to 173 the new boy in kitchen has been told.

Reply to 139 Remains has been cleaned

298 microwave has been cleaned

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

Name of Respondent: Tony Columbus Title: Owner

Establishment Name: Redies Little Fry

Address: 3909 S. WESTERN AVE. MARION.