



**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>Kuler Food #239</i>	Telephone Number <i>963 Establishment</i>	Date of Inspection (mm/dd/yr) <i>9-13-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1129 N Baldwin Ave Marion</i>	Owner <i>tele 246 60</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Kroger Limited Partnerships</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  <u>C</u> <u>NC</u> <u>1</u> <u>R</u>	
Owner's Address <i>P.O. Box 305-103 Nashville TN</i>			
Person in Charge <i>Ryan Lane</i>		Menu Type (See back of page) <i>1/2 3 4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>N/A</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/NC	R	Narrative	To Be Corrected By
<i>399</i>	<i>NC</i>		<i>Walkin Cooler has trash / card board on floor ALSO to include floor rollers &amp; squeaks.</i>	<i>today</i>

Received by (name and title printed): <i>Ryan Lane</i>	Inspected by (name and title printed): <i>Dawn Smith / FSD</i>
Received by (signature): <i>Ryan Lane</i>	Inspected by (signature): <i>Dawn Smith FSD</i>
cc:	cc: