



**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>Ruler Foods #239</i>	Telephone Number <i>(765) 296-1000</i>	Date of Inspection <i>2-11-19</i>	ID # <i>27</i>
Establishment Address <i>1129 N. Baldwin Ave Marion</i>	Owner <i>Kroger</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>P.O. Box 305103 Nashville TN</i>	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: <i>C - NC 2 R -</i>	
Person in Charge <i>Randy Thomason</i>	2. Follow-up		
Responsible Person's E-mail	3. Complaint	Menu Type (See back of page)	
Certified Food Handler <i>NA</i>	4. Pre-Operational	<i>1 X 2 3 4 5</i>	
	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
<i>431</i>	<i>NC</i>		<i>Inside all coolers in the back to include walk in freezer - Trash & other debris on floor</i>	<i>Tobony</i>
<i>295</i>	<i>NC</i>		<i>Racks - Flooring at Milk cooler has spilled milk & other on shelving etc</i>	<i>Tobony</i>
<i>2/14/19</i>				

Received by (name and title printed): <i>RANDY THOMASON STORE MANAGER</i>	Inspected by (name and title printed): <i>DEAN SMALL PSTD</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: