



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: Sirloin Stockade, Telephone Number: 765 Establishment, Date of Inspection: 7-30-20, ID #: 27, Establishment Address: 3148 S Western Ave Marion, Owner: S P BURSON, Purpose: 1. Routine, Follow-up: NO, Release Date: 10 days, Owner's Address: 5777 Fiesta Drive, Person in Charge: Laura, Responsible Person's E-mail: [redacted], Certified Food Handler: Aimee Chambers exp 8-22

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains 3 rows of violations: 229 C Ice machine on upper top on the inside metal flap has a dark residue; 344 C Hand sink in meat prep area is blocked with boxes and metal cart; 171 C Corn casserole to include BBQ sauce has a bowl inside laying on the sauce with no handle.

Received by (name and title printed): Laura Farmer, Gen mgr; Inspected by (name and title printed): Scott Kendall/Dean Small; Received by (signature): Laura Farmer; Inspected by (signature): Scott Kendall/Dean Small; cc: [redacted]

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 8/3/2020

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 7-30-20.

DATE: 7/30-8/4 Action Taken:
Ice machine cleaned.
Hand sink is accessible.
Utensils removed from products

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

Name of Respondent: Laura Farmer Title: general manager

Establishment Name: Sirloin Stockade

Address: 3148 S. Western Ave. Marion, IN 46953