



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>St. Martin de Porres Inc</i>	Telephone Number <i>765 681-9324</i> <small>Establishment Owner</small>	Date of Inspection <i>7-16-20</i> <small>(mm/dd/yr)</small>	ID # <i>27</i>
Establishment Address <i>901 S. Brewster St. Marion</i>		Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner —	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: <i>C L NC — R —</i>	
Owner's Address <i>Spma</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Teresa Campbell</i>	3. Complaint	<i>1 2 3/4 5</i>	
Responsible Person's E-mail —	4. Pre-Operational		
Certified Food Handler <i>Teresa Campbell exp 11-24</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>295</i>	<i>C</i>		<i>Handle of scoop laying directly on sugar in container of sugar next to the 2 bay sink</i>	<i>Today</i>

Received by (name and title printed): <i>Teresa Campbell</i>	Inspected by (name and title printed): <i>Scott Kendall / Dean Smith</i>
Received by (signature): <i>Teresa Campbell</i>	Inspected by (signature): <i>Scott Kendall / Dean Smith</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 7/15/2020

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 7-16-20.

DATE: Action Taken:

DATE	Action Taken
<u>7/15/2020</u>	<u>Removed scoop from container. Re-Educated volunteers on how to properly store the sugar scoop</u>

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

Name of Respondent: Leresa Campbell Title: Director
Establishment Name: St. Martin de Porres Center, Inc
Address: 901 S Branson St. Marion, In 46952
PO Box 1127

