



**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 <b>Steak N Shake</b>	Telephone Number <b>(765) 664-6101</b>	Date of Inspection <b>10-28-20</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>2624 S Western Ave Marion</b>	Owner <b>664-6101</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Steak N Shake</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <b>C2 NC4 R</b>	
Owner's Address <b>107 S Pennsylvania Indy</b>	Person in Charge <b>Kelly Miller</b>	Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Responsible Person's E-mail	Certified Food Handler <b>Kelly Miller ISS 9-8-2020</b>		

- 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
191	C		No Date Marking on Hot Dogs - Hamburgers Today in walk in cooler to include cooler by Fryer no date marking on chicken	corrected
345	C		Hand Sink in prep area no hand soap to include food debris in IT-up front	
431	NC		Flooring under shake machine to include under Fryer is soiled with food debris	
245	NC		Wet cloths laying on counter wet by shake machine	
245	NC		The Following "Non Food" Contact Items are soiled with food debris 1) Side of counter by Fryer 2) Cheese dispenser on inside	
246	NC		Observed Employee not changing gloves in between task: to include washing hands	

Received by (name and title printed): <b>Kelly Miller</b>	Inspected by (name and title printed): <b>Scott Kendall / Penny Small</b>
Received by (signature): <i>Kelly Miller</i>	Inspected by (signature): <i>Scott Kendall / Penny Small</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 11/3/20

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 10-28-20.

DATE:	Action Taken:
10/28 191	Corrected dating; addressed with Team proper dating
10/28 345	Refilled soap; cleaned sink; addressed Team on importance of only using for washing hands
10/28 245	Threw away - addressed Housekeeping C.A.Y.C. with Team.
10/29 431	Best scrubbed/cleaned Floors; covered source; Put in Maintenance Request
10/28-10/29 295	Cleaned All Areas - Stressed C.A.Y.C. House keeping again with Team
10/28 - 246	Makes sure correct Postings for Handwashing; addressed Team on Proper Procedures; Monitoring more closely

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

Name of Respondent: Kelly Miller Title: CM  
Establishment Name: SNS  
Address: 2426 S Western Ave Marion, IN 46953