



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.

Form header containing: Establishment Name (Steak N Shake #290), Telephone Number (765 Establishment, 604-6101), Date of Inspection (7-9-19), ID # (27), Owner (Steak N Shake Inc), Purpose (1. Routine), Follow-up (Yes), Release Date (10 days), Owner's Address (107 S. Pennsylvania St 460 BN), Person in Charge (Mariah Padilla), Responsible Person's E-mail (N/A), Certified Food Handler (Fernando Rojas exp 2020), and Summary of Violations (3 NC, 3 R).

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#, CNC, R, Narrative, To Be Corrected By. Contains two entries for Section 295, one marked 'C' and one 'NC', detailing food debris and equipment issues.

Form footer containing: Received by (Mariah Padilla), Inspected by (Deborah PSTO), and cc: fields.



# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401  
Fax 765-651-2419

DATE: \_\_\_\_\_

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 7-9-19.

DATE:	Action Taken:
7/9	Bus Curt cleaned and scrubbed of food debris.
7/9	Walls cleaned down.
7/9	Microwave & Knife rack wiped and sanitized.
7/9	Booths in lobby detailed.
7/10	Shake blenders detailed.
7/10	Walls
7/10	Handwashing sink detail cleaned.
7/9-7/11	Flooring being detailed.

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

Name of Respondent: Mariah Padilla Title: Operations Supervisor

Establishment Name: Steak n Shake

Address: 2624 S. Western Ave Marion, IN 46953

• Attach additional sheets as needed.