



**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>Steak N Shake</i>	Telephone Number <i>(765)</i> Establishment <i>664-0101</i> Owner	Date of Inspection <i>8-18-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2624 S Western Ave Marion</i>	Owner <i>Steak N Shake INC</i>	Follow-up <i>no</i>	Release Date <i>10 days</i>
Owner's Address <i>107 S Pennsylvania ST Suite 400</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C ___ NC ___ R ___	
Person in Charge <i>Shadelyn Davis</i>	Responsible Person's E-mail	Menu Type (See back of page) 1 ___ 2 ___ 3 <i>X</i> 4 ___ 5 ___	
Certified Food Handler <i>Kelly Miller Exp 9/2025</i>			

- 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>Food Processor stored clean with food debris in IT</i>	<i>Today</i>
<i>295</i>	<i>NC</i>		<i>Bottom of Fryer has grease built up on IT</i>	<i>4</i>

Received by (name and title printed): <i>Shadelyn Davis</i>	Inspected by (name and title printed): <i>Scott Kendall / Dean Small</i>
Received by (signature): <i>Shadelyn Davis</i>	Inspected by (signature): <i>Scott Kendall / Dean Small FSA</i>
cc:	cc: