



**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 & Shake #290</i>	Telephone Number <i>765</i>	Date of Inspection <i>8-1-19</i>	ID # <i>27</i>
Establishment Address <i>2624 S. Western Ave Marion</i>	Owner <i>765-6106</i>	Follow-up <i>10 days</i>	Release Date
Owner <i>Steak & Shake Inc</i>	Purpose: 1. Routine 2. <u>Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 4 NC R</i>	
Owner's Address <i>107 S. Pennsylvania St 400</i>	Person in Charge <i>Marich Padilla</i>	Menu Type (See back of page) <i>1 2 3/4 5</i>	
Responsible Person's E-mail <i>N/A</i>	Certified Food Handler <i>Employee enrolled in class 8/9</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
290 136	C		Employee drink sitting on counter behind grill also another one Starbucks sitting by fryer	Today
129	C		Employee observed putting on gloves w/o washing hands first.	
191	C		Cooked chicken patties and hot dogs stored in floor cooler with no date marking.	
303	C		2 sanitizer buckets in kitchen - when tested didn't meet manufacturer ppm.	
			* this store needs a certified food handler *	

Received by (name and title printed): <i>Marich Padilla</i>	Inspected by (name and title printed): <i>Debra Lynn FSD</i>
Received by (signature): <i>M=PK</i>	Inspected by (signature): <i>Debra Lynn FSD</i>
cc:	cc: