



**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 #290</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>1-22-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2624 S. Western Ave Marion</i>	Owner <i>6604 6101</i>	Follow-up <i>Yes</i>	Release Date <i>10 days</i>
Owner <i>Steak N Shake INC</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 3 NC 2 R 3</i>	
Owner's Address <i>107 S. Pennsylvania St #200 IN.</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Person in Charge <i>Johnathan Smith</i>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
	5. Temporary		
	6. HACCP		
	7. Other (list) <i>CRIST D</i>		
Certified Food Handler <i>Deborah Parmelee exp 4-2019</i>			

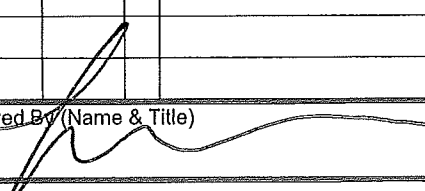
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
295	NC		The following "Non food" contact items soiled w/ dried food debris other debris 1) The outside of flavored jugs in shake AREA 2) Inside Ice cream chest in shake AREA 3) Shake window 4) Shake machine - exterior 5) Fountain machine AREA at drive up	Today
431	NC	X	The walls & ceilings to include flooring under all equipment has grease and other debris	Today
295	C		The following "food contact" items is soiled w/ old food or other debris 1) Live wells in shake AREA 2) At the grill holder for tongs etc. 3) Knife hanging on wall clean - food debris around it.	Today
294	C		Insufficient sanitizer in pail is very cloudy and 0 ppm	Corrected

Received by (name and title printed): <i>Enrique Boneta</i>	Inspected by (name and title printed): <i>Debra Smith FST</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>

cc: \_\_\_\_\_

NARRATIVE REPORT

Establishment Name Steak N Shake			Address 2624 S. Western Ave Morrison		Inspection Date 1-22-19
Section#	C/NC	R	REMARKS		TO BE CORRECTED BY
431	NC		Ceiling tile soiled or missing - Needs fixed or Replaced 'IN front -		
			* Prior inspection on this date - store was closed and all items corrected.		
			- OK to open -		
Received By (Name & Title)			Inspected By (Name & Title)		Page 2 of 2
			DET. Small P.S.F.O.		