



**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>Taco Bell #322</b>	Telephone Number (765) Establishment <b>( ) Owner 674-1514</b>	Date of Inspection (mm/dd/yr) <b>6-5-20</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>6265 E. 500 S.</b>	Owner <b>K-mac Enterprises, Inc.</b>	Follow-up <b>Yes</b>	Release Date <b>10 days</b>
Owner's Address <b>1820 S. Zero St. Fort Smith AR</b>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Summary of Violations: <b>C2 NC 6 R3</b>	
Person in Charge <b>Maggie Yates</b>	Responsible Person's E-mail <b>[Redacted]</b>	Menu Type (See back of page) <b>1 2 X 3 4 5</b>	
Certified Food Handler <b>Michelle Smith exp. 5-2024</b> <i>Margaret Yates 1/2022</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 is soiled - 1) 2 presses - soiled on outside 2) Counter by drive up on bottom shelf 3) Condiment holders (IE to go items) 4) All handles to include exterior of equipment 5) At drink station at drive up - cup scoops soiled w/ syrup 6) Freeze machine - heavily soiled from previous day (dispenser) 7) Outside of trash cans	Tuesday
295	C		At Bunn Cafe a small cup holding a large teaspoon heavily soiled - Needs changed out every 4/6 hrs.	
431	NC	X	Flooring through out to include under trench in coolers	
272	NC		At manual wash sink - food debris floating in water	
403	NC		Wools have dried food on them	
187	C		Guamole on front lined temped at 47°F	
304	NC		Pans stored wet / Not air drying	
355	NC		Map sink not being maintained clean IE - several clothes, sponges etc. * GCHD will follow up in 24 hrs. *	

Received by (name and title printed): <b>Margaret M. Yates</b>	Inspected by (name and title printed): <b>Sean Small FSB / Scott Likens</b>
Received by (signature): <i>Margaret M. Yates</i>	Inspected by (signature): <i>Sean Small</i> / <i>Scott Likens</i>
cc:	cc:



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GRANT COUNTY HEALTH DEPT. FOOD DIVISION 401 SOUTH ADAMS STREET MARION, IN 46953

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Form with fields: Establishment Name (Taco Bell #322), Telephone Number, Date of Inspection (6-6-20), ID # (27), Establishment Address (6265 E 500 S. Gas City), Owner (K Mac Enterprises Inc), Purpose (2. Follow-up), Follow-up (NO), Release Date (10 days), Owner's Address (1320 S Zero St AR), Person in Charge (Maggie Yates), Responsible Person's E-mail, Certified Food Handler (Margaret Yates).

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten notes: Follow up from 6-5-2020, Improvements were made and acceptable.

Received by (name and title printed): Margaret M. Yates; Inspected by (name and title printed): Dawn Smith FST; Received by (signature): Margaret M. Yates; Inspected by (signature): Dawn Smith FST; cc: (blank)

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: ~~6-5-2020~~

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 6-5-2020

DATE: 6-5 Action Taken:

- Ceiling Vents done
- Condiment holders done
- Outside of trash cans done
- Freeze machine done
- drink station cup holder done
- All handles of equipment done
- Benn Cafe cup and spoon done
- All walls clean
- Guacamole thrown away
- Mop sink cleaned
- washed and air dried all pans
- Manual/wash sink cleaned out and fresh water in it
- Flooring throughout including underneath reach-in cooler

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

Name of Respondent: Maggie Tate Title: Restaurant Manager

Establishment Name: Taco Bell

Address: 2265 E 500 S Gas City, IN 46933

o Attach additional sheets as needed.