



**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>1aco Bell # 327</i>	Telephone Number <i>765 Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>7-31-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6265 E 580 S Gos City</i>	Owner <i>674-1514</i>	Follow-up <i>Yes</i>	Release Date <i>10 days</i>
Owner <i>K Mac Enterprises Inc</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C1 NC 3 R 1</i>	
Owner's Address <i>P.O. Box 6538 Ft Smith AR</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in Charge <i>Michelle</i>	3. Complaint		
Responsible Person's E-mail <i>N/A</i>	4. Pre-Operational		
Certified Food Handler <i>Michelle Smith exp 5/2024</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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	C		The following "Food Contact" items is soiled w/ dried food or debris	Today
		X	1) metal pans on front line stored clean	}
		2)	metal shelves storing to go containers and wrappers	
295	NC		The following "Non food" contact items is soiled w/ dried food debris, other debris	}
		X	1) Front line on the wall dark residue	
		2)	in between the hot food	
		3)	doors and handles on ALL coolers, equipment	
431	NC		Floors in foyer AREA heavily soiled w/ grease also food. Flooring through out to include under equipment and front lobby.	
146	NC		3 white bins in the back - Not labeled on outside as Noodles isn't in original package.	

Received by (name and title printed): <i>Michelle Smith RGM</i>	Inspected by (name and title printed): <i>Dean Spaff FSD</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature] FSD</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 8/8/19

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 7-31-19.

DATE:	Action Taken:
<u>7/31</u>	<u>295 1) removed pans & replaced with clean</u> <u>295 2) crew pulled all wraps and containers</u> <u>and wiped shelving down and sanitized</u>
	<u>146) cleaned ^{bins} and placed label on twists.</u>
<u>8/6</u>	<u>431) swept walk-in, freezer, & dry stock</u> <u>along w/ fry area</u>
<u>8/8</u>	<u>295 3) doors, handles, gaskets all wiped down</u> <u>1) wiped and cleaned line and walls</u> <u>2) food debris cleared & sanitized</u>

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

Name of Respondent: Michelle Smith Title: BGM

Establishment Name: Taco Bell

Address: 6265 E 500 S Gas City, IN