



**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>Taco Bell 342</i>	Telephone Number <i>(No) Establishment</i>	Date of Inspection (mm/dd/yr) <i>5/19/21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>916 N Baldwin Marion</i>	( ) Owner <i>Walt - 8427</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>K Moe Enterprises Inc</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 2 NC 3 R 1</i>	
Owner's Address <i>Fayetteville AR</i>		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Person in Charge <i>James</i>			
Responsible Person's E-mail <i>[Redacted]</i>			
Certified Food Handler <i>James Dean exp 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
431	NC	X	Flooring through out is soiled w/ food debris and other debris ALSO under freeze machine heavily soiled <del>Report from 1-2020</del>	<i>Today</i>
344	C		Hand sink blocked up front w/ items laying in front <i>up from</i>	
345	C		Hand sink up front used as a dumping sink - Hand washing only	
310	NC		Hand system above prepers has leaf etc.	<i>10 days</i>
295	NC		Following are "Non Food" Contact items is soiled w/ dead food: 1) Handles on cooler / fridges 2) Doors on east end by office 3) Top of walkways 4) Metal RACK holding to go SACS	
			<i>Inspection @ 9:45 am</i>	

Received by (name and title printed): <i>James Dean Pae</i>	Inspected by (name and title printed): <i>Dean Lynn PSA</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 5-13-2021

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

**PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.**

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small and/or Scott Kikendall at the Grant Co. Health Department on 5-13-21.

DATE:	Action Taken:
<u>5-13</u>	<u>Section 177 - Got all boxes off floor</u>
<u>5-13</u>	<u>Section 431 - Swept and moped.</u>
<u>5-13</u>	<u>Section 171 - Black Cup removed</u>
<u>5-15</u>	<u>Section 295 - Cleaned Handles on Coolers Tray on freeze machine, inside Hotwell, and steamer.</u>

Name of Respondent: Kaylynn Stocher Title: RGM  
Establishment Name: KMAC - Jacobell store # 23140  
Address: 6265 E 500 S, Gas City, IN 46933