



**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 #343</i>	Telephone Number (765) Establishment <i>651-0059</i>	Date of Inspection (mm/dd/yr) <i>7-25-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3244 S. Western Ave Marion</i>	Owner <i>K Mac Enterprise</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>P.O. Box 6538 AR</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>C3 NC 2 R2</i>	
Person in Charge <i>Chelsey Egner</i>	Responsible Person's E-mail <i>N/A</i>	Menu Type (See back of page) <i>1 2/3 4 5</i>	
Certified Food Handler <i>Chelsey Egner exp 2024</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	C		The following "Food Contact" items is soiled w/ dried food/debris 1) metal pans on line stored clean 2) metal shelving holding to go items 3) paper wrappers for tacos etc	To Day
187	C		Guacamole temped at 50°F on the line.	Remove
171	A/C		used gloves laying on top of floor cooler	}
431	NC		Flooding through out kitchen to include under equipment & off drive up area. Also to include dust on wall above 3 bay sink & ceiling	
138	NC		+/- 2 employees not wearing beard guards facial hair (beard) beard guard required.	
296	C		2 metal spoons/dipper stored clean has dried food on them.	

Received by (name and title printed): <i>Chelsey A. Egner</i>	Inspected by (name and title printed): <i>Dean Hill PGD</i>
Received by (signature): <i>Chelsey A. Egner</i>	Inspected by (signature): <i>Dean Hill PGD</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 7-31-19

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 7-25-19.

DATE: 7-31-19 Action Taken: Coached Employees on DISPOSING OF GLOVES - maintenance Repaired Cold line - Heat Cabinets Cleaned, Condiment Station Cleaned, WRAP holders Cleaned.

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

Name of Respondent: Cameron Cates Title: R gm

Establishment Name: facobell

Address: 3244 S. Western Ave, Marion, IN, 46953

- Attach additional sheets as needed.