



**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<br><b>Taco Bell #343</b>  |                               | Telephone Number<br>(765 Establishment)<br><b>(651-0059)</b> | Date of Inspection<br>(mm/dd/yr)<br><b>6-10-2020</b> | ID #<br><b>27</b> |
| Establishment Address (number and street, city, state, ZIP code)<br><b>3244 S Western Ave Marion</b> |                               | Owner<br><b>(651-0059)</b>                                   |  |                   |
| Owner<br><b>K. Mac Enterprise</b>  | Purpose:<br><u>1. Routine</u> | Follow-up<br><b>NO</b>                                       | Release Date<br><b>10 days</b>                       |                   |
| Owner's Address<br><b>P.O. Box 6538 AR</b>   | 2. Follow-up                  | Summary of Violations:<br><b>C 2 NC 3 R 1</b>                |  |                   |
| Person in Charge<br><b>Meghan Orrell</b>   | 3. Complaint                  | Menu Type (See back of page)<br><b>1 2 X 3 4 5</b>           |  |                   |
| Responsible Person's E-mail<br><b></b>   | 4. Pre-Operational            |  |  |                   |
| Certified Food Handler<br><b>Meghan Orrell Exp 2024</b>  | 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      | NC   |   | The following "Non Food Contact" items soiled with dried food debris<br>1) Rack Below and above Tortilla Storage<br>2) Portable Scale<br>3) Wiring above Toppings bar<br>4) Food on top of cooler handles<br>5) Food on side of Floor Freezer | Today              |
| 295      | C    |   | The following "Food Contact" items soiled: area where Mexican pizza cutter is hanging   |                    |
| 431      | NC   | X | Flooring thru out to include walk in cooler is soiled with food debris and trash  |                    |
| 402      | NC   |   | South wall by warmer has food debris to include the lobby   |                    |
| 294      | C    |   | Sanitizer Buckets checked at 9ppm   | Corrected          |

|  |  |
|--|--|
| Received by (name and title printed):<br><b>Terrance Jones</b> | Inspected by (name and title printed):<br><b>Scott Kendall Dean Smith BS</b> |
| Received by (signature):<br><b>T Jones</b>                     | Inspected by (signature):<br><b>Scott Kendall Dean Smith BS</b>              |
| cc:  | cc:  |



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|   |  |  |                                |
|---|--|--|--------------------------------|
| Establishment Name<br><b>Taco Bell #343</b>   | Telephone Number<br><b>765 Establishment</b>   | Date of Inspection<br>(mm/dd/yr)<br><b>6-15-20</b> | ID #<br><b>27</b>              |
| Establishment Address (number and street, city, state, ZIP code)<br><b>3244 S Western Ave. Marion</b> | ( ) Owner<br><b>651 0059</b>   | Follow-up<br><b>NO</b>                             | Release Date<br><b>10 days</b> |
| Owner<br><b>K Mac Enterprise</b>  | Purpose:<br>1. Routine<br><b>2. Follow-up</b><br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Summary of Violations:<br><br><b>C — NC — R —</b>  |                                |
| Owner's Address<br><b>P.O. Box 6538 AR</b>  |  | Menu Type (See back of page)<br><b>1 2 X 3 4 5</b> |                                |
| Person in Charge<br><b>(S) Telisha Nelson</b>   |  | Responsible Person's E-mail                        |                                |
| Certified Food Handler<br><b>Telisha Nelson</b>   |  |  |                                |

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| Section# | C/NC | R | Narrative   | To Be Corrected By |
|----------|------|---|---|--------------------|
|          |      |   | Follow up from 6-10-20 inspection improvement were made |                    |
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|--|--|
| Received by (name and title printed):<br><b>Telisha Nelson</b> | Inspected by (name and title printed):<br><b>Scott Kilkendall / Dean Small</b> |
| Received by (signature):<br><i>[Signature]</i>                 | Inspected by (signature):<br><i>[Signature]</i>                                |
| cc:  | cc:  |