



**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>Taylor University</i>	Telephone Number <i>(765)</i> Establishment () Owner	Date of Inspection <i>(mm/dd/yr)</i> <i>2-9-21</i>	ID # <i>27</i>
Establishment Address <i>236 W Road Ave Upland</i>	Owner <i>Same</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C NC R</i>	
Person in Charge <i>LORA</i>		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Responsible Person's E-mail		Certified Food Handler	

- 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
			<i>- Fresh -</i>	
<i>295</i>	<i>C</i>		<i>knife stored clean on magnet strip has food debris on it</i>	<i>Today</i>
<i>295</i>	<i>NC</i>		<i>Bottom Rack on Fountain Flavor Shots is soiled. Needs replaced</i>	<i>}</i>
			<i>- Chic-Filet -</i>	
			<i>no violations</i>	
			<i>- Store -</i>	
			<i>no violations</i>	

Received by (name and title printed): <i>Lora Miller</i>	Inspected by (name and title printed): <i>Scott Kendall / Dean Small</i>
Received by (signature): <i>Lora Miller</i>	Inspected by (signature): <i>Scott Kendall / Dean Small</i>
cc:	cc: