



**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 Texas Road House	Telephone Number 765 Establishment	Date of Inspection (mm/dd/yr) 5-27-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4200 S Western Ave Marion	Owner 666-7177	Follow-up NO	Release Date 10 days
Owner JD McCain	Purpose: 1. Routine	Summary of Violations: C 2 NC 4 R 1	
Owner's Address 221 W Mulberry St Kokomo	2. Follow-up	Menu Type (See back of page)	
Person in Charge Maribel	3. Complaint	1 2 3 X 4 5	
Responsible Person's E-mail [Redacted]	4. Pre-Operational		
Certified Food Handler Delores Kinch Exp 8-2021	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
138	NC		Employee cooking with no hair restraint Today	}
298	NC		Microwave across from oven is soiled with food debris on top INSIDE	
345	C		Hand Sink by the roll station blocked by a stack of trays	
209	NC		Eggs at salad area they are using cup to scoop out WITH no handle	
295	NC		The following non food contact items are soiled with food debris	
			1) Inside Freezer with cold plates	
			2) Back of Flyer's to include top	
			3) Under warming lights in serving area	
			4) Several containers in walk in cooler	
295	C		The following contact food items are soiled with food debris	
			1) Manual can opener blade and holder	
			X 2) DISHES stored in prep/serving area	

Received by (name and title printed): MARIA PLATAS	Inspected by (name and title printed): Scott Kikendall / Dean Small
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

Response to Inspection
80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

3-651-2401
3-661-2419

DATE: 6-4-2021

Grant County Health Department
1000 S. Adams St.
Marion, IN. 46953

END YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10

This is a response to the inspection report prepared by the Health Department Food Safety Officer
and/or Scott Kikendall at the Grant Co. Health Department on 5-27-21.

Action Taken:

298, 209, 295-NC - All addressed day of and contacted the staff on
better procedures and what to look for.

45-C - Detailed non opener and added it to our nightly cleaning list.
Coached staff and reviewed on the tray cart & not bleach the
sink

Respondent: JD Malo Title: Managing Partner

Respondent Name: Texas Burger House

4200 S. Western Ave Marion IN 46953

Additional sheets as needed.