



**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>The Genesis Place</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i>	ID #
Establishment Address <i>104 E 14th St Marion</i>	<i>667-1393</i>	<i>5-20-19</i>	<i>27</i>
Owner <i>SAME</i>	Purpose: <u>1. Routine</u>	Follow-up	Release Date <i>10 days</i>
Owner's Address <i>same</i>	2. Follow-up	Summary of Violations: <i>C 1 NC 2 R 2</i>	
Person in Charge <i>James Perkins</i>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail	4. Pre-Operational	1 2 3 <i>X</i> 4 5	
Certified Food Handler <i>Susan Thomsen exp July 2019</i>	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
298	NC	X	Microwave in kitchen is soiled on inside - previous violation on 8-2018-	Corrected
295	NC	X	Fan hanging from ceiling in kitchen has lent & other debris on it. Must be clean before using.	TJ Bray
191	C		In refrigerator in freezer room sliced ham w/ date of 4/4/2019 also bologna neither in original package	dis carded
347	NC		No paper towel at hand sink in kitchen or bathroom sink in employees restroom.	TJ Bray

Received by (name and title printed): <i>James Perkins</i>	Inspected by (name and title printed): <i>Debra Small PSE</i>
Received by (signature): <i>James Perkins</i>	Inspected by (signature): <i>Debra Small PSE</i>
cc:	cc: