



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 (765) Establishment <i>(765) 9-1393</i>	Date of Inspection (mm/dd/yr) <i>11-13-19</i>	ID # <i>27</i>
Establishment Address <small>(number and street, city, state, ZIP code)</small> <i>104 E 14th St. Marion</i>		Owner <i>SAM</i>	
Owner's Address <i>SAM</i>		Follow-up <i>NO</i>	Release Date <i>10 days</i>
Person in Charge <i>James Perkins</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C - NC 2 R 2</i>	
Responsible Person's E-mail 		Menu Type <small>(See back of page)</small> <i>1 2 3/4 5</i>	
Certified Food Handler <i>Susan Thomason exp July 2019</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/C	R	Narrative	To Be Corrected By
29B	NC	X	GE Microwave in kitchen is soiled - Not inside	Today
295	NC	X	The following "Non food" contact item is soiled w/ dried food 1) Fan hanging from ceiling 2) top of 6 burner stove also oven 3) Arctic Air refrigerator is soiled inside at bottom both of them.	

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