



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 Outpost</i>	Telephone Number (768) Establishment <i>948 3722</i>	Date of Inspection (mm/dd/yr) <i>10-3-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>9060 S.E. 20th Vermont</i>	Owner <i>Michelle Dodson</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>Michelle Dodson</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input checked="" type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Summary of Violations: <i>C NCT R</i>	
Owner's Address <i>530 Circle Dr</i>	Person in Charge <i>Michelle</i>	Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in Charge <i>Michelle</i>	Responsible Person's E-mail		
Certified Food Handler <i>To be obtained (60 days)</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/NC	R	Narrative	To Be Corrected By
<i>295</i>	<i>C</i>		<i>Ed. Kitchen plastic cups on metal rack behind grill has clean silver ware in it but soiled at the bottom also plastic bins over by waitress area has clean ware but soiled at the bottom</i>	<i>Remove</i>
			<i>Unable to confirm Complaint.</i>	

Received by (name and title printed): <i>Michelle Dodson</i>	Inspected by (name and title printed): <i>Dean Samp / Pst 6</i>
Received by (signature): <i>Michelle Dodson</i>	Inspected by (signature): <i>Dean Samp Pst 6</i>
cc:	cc:

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 10-09-2019

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

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 10-3-19.

DATE: 10-9-2019 Action Taken:

Position Sensing bulb. Infrared feeding same as digital and analog. Infrared gauge

sugar container on a schedule to be pulled and cleared of every Tuesday

Plastic cups behind grill get changed out every night

curtains are being placed at the waitress area to prevent any stuff to fall into tubs

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: William F. Eddy Title: Act R Mechanic

Establishment Name: Eddy's Htg & Cng. / The Outpost Resaur

Address: 1235 E. 1100 S. Fairmount, In. 46928 / 9000 S.E. 00 Fairmount, IN 46928

765 517-2857

o Attach additional sheets as needed.

outpost number 765-948-3722 (765) 667-0801