



**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>Train Station Pancake House</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>10-19-20</i>	ID # <i>27</i>
Establishment Address <i>406 E 4th St Marion</i>	Owner <i>(573-4121)</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Efrain Perez</i>	Purpose: <input checked="" type="radio"/> 1. Routine	Summary of Violations: <i>C 1 NC 1 R</i>	
Owner's Address <i>1030 N Lexington Rd Marion</i>	<input type="radio"/> 2. Follow-up		
Person in Charge <i>Efrain</i>	<input type="radio"/> 3. Complaint		
Responsible Person's E-mail	<input type="radio"/> 4. Pre-Operational		
Certified Food Handler <i>Efrain Exp 7-2025</i>	<input type="radio"/> 5. Temporary		
	<input type="radio"/> 6. HACCP	Menu Type (See back of page)	
	<input type="radio"/> 7. Other (list)	<i>1 2 3 4 5</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>191</i>	<i>C</i>		<i>No Date Marking or Labeling on several packages/containers in Refrigerator to include Bif h</i>	<i>Today</i>
<i>422</i>	<i>NC</i>		<i>Personal Drinks store on ^{top} counters need to be on bottom with lids</i>	<i>Today</i>
				}

Received by (name and title printed): <i>Efrain Perez</i>	Inspected by (name and title printed): <i>Scott Herdell / Dean Suggs</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature] PSD</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 10-20-20

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

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 10-19-20.

DATE:

Action Taken:

10-19-20 191 - we date all container in both cooler

10-19-20 we cover all Personal Drinks and storage on bottom of counter-

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

Name of Respondent: Efrain Perez Title: owner

Establishment Name: Train station Pancake house

Address: 406 E- 4th- St. Marion IN. 46952