



**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>Village Pantry # 5579</i>	Telephone Number <i>965 Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>9-15-20</i>	ID # <i>27</i>
Establishment Address <i>(number and street, city, state, ZIP code)</i> <i>150 West 8th St Fairmount</i>	<i>948-3378</i>		
Owner <i>Village Pantry LLC</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address <i>8565 Magellan Pkwy Ste 400</i>		Summary of Violations: <i>C 34 NC 4 R -</i>	
Person in Charge <i>Jennifer Rhodes</i>		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>Jennifer Rhodes 7-19-19</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
243	NC		The following items are sitting directly on floor 1) Cases of Donut Boxes in Storage Room 2) Cases of Food in Freezer	}
431	NC		The floor in freezer is covered with debris throughout	
295	NC		The following "New Food" contact items are soiled with food debris 1) GetIt's Nacho Machine tray 2) Storage containers on metal rack in back	
345	C		Hand sink in prep area is covered with dark residue	
298	NC		Microwave in back prep area is soiled with food debris	
295	C		Metal pan sitting chicken broaster has food on it from day before	

Received by (name and title printed): <i>Jennifer Rhodes</i>	Inspected by (name and title printed): <i>Scott Killendall / Degan Small</i>
Received by (signature): <i>Jennifer Rhodes</i>	Inspected by (signature): <i>Scott Killendall / Degan Small</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 9/18/2020

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 9-15-20.

DATE:	Action Taken:
	<u>Everything was taken care of</u>
	<u>same day</u>
	<u>Maintenance came and fixed cold</u>
	<u>deli case</u>

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

Name of Respondent: Jennifer Rhodes Title: store mgr
Establishment Name: College Pantry
Address: 150 W. 8th Street Fairmount