



**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**

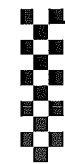
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Village Pantry 5396	Telephone Number 768 Establishment	Date of Inspection (mm/dd/yr) 6-11-2020	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1427 E 38th St Marion	Owner 674-9595	Follow-up no	
Owner Village Pantry LLC	Purpose: 1. Routine	Release Date 10 days	Summary of Violations: C 1 NC 56 R
Owner's Address 2565 Magenton Pkwy	2. Follow-up	Menu Type (See back of page)	
Person in Charge SHERY Streeter	3. Complaint	1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler SHANAYON ERWIN, Exp 12-2020	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/N/C	R	Narrative	To Be Corrected By
402	NC		Dust ON wall behind oven needs cleaned	Today
177	NC		BUNS IN Box storer stored directly ON FLOOR IN walk in cooler	done
191	C		Cheese IN Floor cooler dated 6-3-2020	
178	NC		Ice build up IN Ice Cream treats freezer also ON packages	
257	NC		LIDS stored floor of storage room	
295	NC		microwave IS soiled ON INSIDE (not in use)	
430	NC		Wall Across FROM Rest room needs repaired	

Received by (name and title printed): SHERY STREETER	Inspected by (name and title printed): Scott Kikewell Deputy Chief / FSD
Received by (signature): <i>Shery Streeter</i>	Inspected by (signature): <i>Scott Kikewell</i>
cc:	cc:



Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 6-15-2020

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 6-11-2020.

DATE:	Action Taken:
<u>6-11-20</u>	<u>BUDS WERE PICKED UP OFF FLOOR</u>
<u>6-11-20</u>	<u>DUST & ALL WAS CLEANED OFF OF WALL</u>
<u>6-11-20</u>	<u>LIDS PICKED UP & PUT UP</u>
<u>6-12-20</u>	<u>MICROWAVE WAS CLEANED AGAIN</u>
<u>6-12-20</u>	<u>ONE OF THE WALLS HAVE BEEN FIXED</u>
<u>6-13-20</u>	<u>CHEESE WAS DATED FROM WHEN OPENED (Good for 30 days) Expires 7-3-20</u>
<u>6-13-20</u>	<u>told Icecream man about the ice chips</u>

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

Name of Respondent: Shannon Ervin Title: Manager
Establishment Name: Village Pantry
Address: 1422 E. 38th Street

Attach additional sheets as needed.