



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**  
State Form 48669 (R2/2-05)  
SDH Form 51-0001

GRANT COUNTY HEALTH DEPT.<sup>1</sup>  
FOOD DIVISION  
401 SOUTH ADAMS STREET,  
MARION, IN 49959

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 <b>Village Pantry # 5579</b>	Telephone Number <b>765 948 3378</b>	Date of Inspection (mm/dd/yr) <b>1-6-2020</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>150 WEST 8th St. FAIRMOUNT</b>	( ) Owner		
Owner <b>Village Pantry LLC</b>	Purpose: <b>1. Routine</b>	Follow-up <b>NO</b>	Release Date <b>1-16-2020</b>
Owner's Address <b>8565 MAGELLAN PKWY STE 400</b>	2. Follow-up	Summary of Violations: <b>3 NC 3 R 1</b>	
Person in Charge <b>JENNIFER RHODES</b>	3. Complaint		
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <b>JENNIFER RHODES 7-19-19</b>	5. Temporary	1 2 3 <b>X</b> 4 5	
	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/NC	R	Narrative	To Be Corrected By
129	C	X	EMPLOYEE PUTTING ON GLOVES, WITHOUT FIRST WASHING HANDS	TODAY
246	NC		EMPLOYEE USING 1 PAIR GLOVES, DOING MULTIPLE TASKS,	TODAY
176	NC		THE GOOD HUMOR FREEZER FOR ICE CREAM HAS - NON POTABLE ICE IN CONTACT WITH ICE CREAM	TODAY
191	C		THE FOLLOWING FOOD IS OUTDATED PER MANUFACTURER OR STORE 1) BUDDING - CHICKEN (2) 12-14-19, (4) JAN 4 2020	DISCARDED BY EMPLOYEE
			2) BUDDING - HAM (1) 12-7-19, (3) JAN 4 2020	
			3) 2 BOWLS OF BREADINGS USED FOR CHICKEN	
			4) TUNA CROSSIANT - (1) 1-1-2020	
295	C		THE FOLLOWING FOOD CONTACT ITEMS ARE SOILED / IN CONTACT WITH DEBRIS	TODAY
			1) TONGS - HOT HOLDING AREA	
			2) 2 - KNIVES STORED BETWEEN 2 TABLES	
295	NC		THE FOLLOWING "NON-FOOD" CONTACT SURFACES SOILED: 1) CHICKEN BROASTER, BOTTOM OF FREEZER INSIDE COOLER HOLDS PIZZA COMPONENTS	TODAY

Received by (name and title printed): <b>Jennifer Rhodes</b>	Inspected by (name and title printed): <b>R. Daleman - FSD</b>
Received by (signature): <i>Jennifer Rhodes</i>	Inspected by (signature): <i>R. Daleman - FSD</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 1/9/2020

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 01-06-2020.

DATE:                      Action Taken:

1/6 129      Talked with employee and explained  
hand washing

1/6 295      explained to employees about proper  
storage of utensils  
everything on the list was taken care of same day.

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

Name of Respondent: Jennifer Rhoads      Title: Store Mgr

Establishment Name: Village Pantry

Address: 150 W. 8th St Fairmount IN 46928