



**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 WALMART # 129A | Telephone Number 765-462-8601 | Date of Inspection (mm/dd/yr) 8-5-19 | ID # 27 |
| Establishment Address (number and street, city, state, ZIP code) 3240 So. WESTERN AVE - MARION | () Owner | Follow-up NO | Release Date 8-15-19 |
| Owner WALMART STORES | Purpose: 1. Routine | Summary of Violations: C 3 NC 4 R - | |
| Owner's Address 508 SW ST. BENTONVILLE AR | 2. Follow-up | Menu Type (See back of page) 1 2 3 X 4 5 | |
| Person in Charge Ashley Custer / Alyssa Miller | 3. Complaint | | |
| Responsible Person's E-mail N/A | 4. Pre-Operational | | |
| Certified Food Handler Justin Shoffner exp 5-2022 | 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/NC | R | Narrative | To Be Corrected By | |
|-------------|-----------|---|--|--------------------------|--------------|
| | | | - Meat AREA | Today | |
| 246 | NC | | used gloves being stored on back of hand sink. To be used 1 time only then trash | } | |
| 295 | NC | | Scale in back is soiled w/ dried food debris. Also food & trash on floor around trash can | | Today |
| 295C | C | | - Deli - Black bowls sitting on metal rack stored as clean has dried food on it. | | } |
| 295 | NC | | Hot holding unit in back shelving has grease & food on it. | } | |
| | | | PRODUCE | | |
| | | | NO VIOLATIONS AT THIS INSPECTION | | |
| | | | Building 1 STORE | | |
| 1A1 | C | | 2 cans of formula "GO AND GROW" DATED JULY 2019 | DISCARDED BY MGR. | |

| | |
|---|---|
| Received by (name and title printed): Ashley Custer ASM | Inspected by (name and title printed): R Dale Carter - PSD / Dean Small PSD |
| Received by (signature): <i>[Signature]</i> ASM | Inspected by (signature): <i>[Signature]</i> PSD / Dean Small PSD |
| cc: | cc: |

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 8/5/19

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 R. Dale Carr-FSIO / DEAN Small from the Grant Co. Health Department on 8-5-19.

- | DATE: | Action Taken: |
|----------------------|---|
| <u>8/5/19 - 241b</u> | <u>Gloves taken and thrown away. Conversation had with associates</u> |
| <u>" " 295</u> | <u>Scale was scrubbed down.</u> |
| <u>" " 295c</u> | <u>Bowls were re-washed on the spot.</u> |
| <u>" " 295</u> | <u>Hot case grease & debris scrubbed down</u> |
| <u>" " 141</u> | <u>discarded Discarded by Management</u> |
| <u>" " 295</u> | <u>Pans have been scrubbed</u> |
| <u>" " 270</u> | <u>Retrained Associate on Wash, Rinse, Sanitize</u> |

Name of Respondent: Ashley Custer Title: ASM
Establishment Name: Wal-Mart
Address: 3240 S. Western Ave Marion, IN

Attach additional sheets as needed.