



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 48669 (R2/2-05)
SDH Form 51-0001

No. 1519 — P. 3 —

**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 DC # 7055		Telephone Number 765-477-7000	Date of Inspection (mm/dd/yr) 3-3-2020	ID # 27
Establishment Address (number and street, city, state, ZIP code) 100 FISHER PKWY - GAS CO. KY		() Owner		
Owner WALMART CORP / BETH HERSHBURGER	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 NO	Release Date 3-13-2020	
Owner's Address 508 SW 8th St. BENTONVILLE, ARK		Summary of Violations: C 1 NC 1 R 1		
Person in Charge CASEY NIEMAN		Menu Type (See back of page) 1 2 3 X 4 5		
Responsible Person's E-mail N/A				
Certified Food Handler BETH HERSHBURGER				

- 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
pk 435	NC	X	THE FLOOR UNDER & BEHIND DEEP FREEZER IS SOILED WITH FOOD DEBRIS & OTHER DEBRIS	TODAY

Received by (name and title printed): Michael Chupchovsky QA/STIC/Ops mgr		Inspected by (name and title printed): Michael - FSID	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	cc:

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 3-5-20

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 / Deah Small from the Grant Co. Health Department on 3-3-2020.

DATE: _____ Action Taken: _____

Section 431 (NC-Repeat)-Floor Under & Behind Deep fryer was shown to Cafeteria
Person in Charge and cleaned up on 3-3-20 by Cafeteria Team. This was on a 2
week cleaning schedule to be checked & cleaned by Herschberger's. Cafeteria
Manager will change this to weekly check & clean and Cafeteria Manager will
cover with all of their team to make sure this is being checked daily after busy
times that any food on floor by fryer is being picked up at time it is found.

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

Name of Respondent: Michael Chipchosky Title: QA/Systems/CRO Operations Manager

Establishment Name: Herschberger Café & Services LLC c/o Wal-Mart DC 7055

Address: 100 Fischer Parkway Gas City, IN 46933

- Attach additional sheets as needed.