



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.

Form with fields: Establishment Name (Walmart Distribution #7055), Telephone Number (705 Establishment, 677-7000 Owner), Date of Inspection (6-7-21), ID # (27), Establishment Address (100 Fisher Parkway Gos City), Owner (Walmart), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Owner's Address (140 Grand St NY), Person in Charge (Michael), Responsible Person's E-mail, Certified Food Handler (N/A), Summary of Violations (C NC R), Menu Type (1 X 2 3 4 5).

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains 'NO Violations'.

Received by (name and title printed): Michael Chichosky QA/Systems Ops mgr
Inspected by (name and title printed): Scott Kendall
Received by (signature): [Signature]
Inspected by (signature): [Signature]

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: 6-9-21

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 6-7-21.

DATE: _____ Action Taken: _____
6/9/2021 138-NC No Hair Restraints on while prep or cooking.

This was corrected with the Cafeteria Associate as soon as inspection was completed,
discussion with all Cafeteria Workers and Manager after inspection was completed
covering expectations and requirements of wearing a hair restraint while cooking &
prepping food. Also, covered with Cafeteria Workers where Wal-Mart has extra
hairnets are if they need one in an emergency-the reason they said they didn't have
one on was that she lost hers and could not find another.

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / 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.