



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 <i>Walmart Distribution # 7058</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>5-13-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>100 Fisher Parkway Gos City</i>	<i>(677) Owner</i> <i>7000</i>		
Owner <i>Walmart</i>	Purpose: <u>1. Routine</u>	Follow-up <i>No</i>	Release Date <i>18 Days</i>
Owner's Address <i>140 Grand St. NY</i>	2. Follow-up	Summary of Violations:  <i>C</i> <u>1</u> <i>R</i> <u>   </u>	
Person in Charge <i>Michael Thipchsky</i>	3. Complaint		
Responsible Person's E-mail <i>_____</i>	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <i>N/A</i>	5. Temporary	<i>1</i> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
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
<i>295</i>	<i>NC</i>		<i>Manual CAN opener - soiled w/ dried food debris in drawer.</i>	<i>Corrected</i>

Received by (name and title printed): <i>Michael D. Chipchasky</i>	Inspected by (name and title printed): <i>Dean Smith - FSD</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature] FSD</i>
cc:	cc: