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: Burger King #821	**Telephone Number**: ( ) Establishment 765 ( ) Owner 664-5341	**Date of Inspection** (*mm/dd/yr*): 10/2/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 2409 S Western Ave. Marion			
Owner: Canada, LLC	**Purpose:** 1. Routine	**Follow-up**	**Release Date**: 10 days
Owner's Address: 908 Jamison St., Syracuse NY	2. Follow-up	**Summary of Violations:** C 2 NC 8 R 0	
Person in Charge: Mandy	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler: Mandy Botts Issued 4/23	5. Temporary	**Menu Type** (*See back of page*)	
	6. HACCP	1 2 X 3 4 5	
	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
418	NC		Personal cell phone in prep area	Today
318	NC		Bottom right freezer door covered in ice - does not shut properly.	
138	NC		Observed employees preparing food w/out hair restraints.	
234	NC		Ice scoop inside of ice machine must be stored outside of machine in a clean protected cover	
310	NC		Vent through facility, need to be dust free	
409	NC		6+ ceiling tiles brown in color & missing need to be replaced. Include replace missing light cover.	

Received by (*name and title printed*): Mandy Botts
Received by (*signature*): Mandy Botts

Inspected by (*name and title printed*): Angela K. McCollum
Inspected by (*signature*): [signature] FSO

cc: | cc: | cc:

NARRATIVE REPORT

Establishment Name	Address	Inspection Date
Burger King	2409 So Western Ave.	10/2/24

Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
431	NC		Floor has trash/ soiled with food and grease	today
345	C		Hand sink soiled with food debris	
297	NC		Pre rinse at drive thru soiled with black debris	
895	C		Prep area unapproved back wall soiled w/ black debris and dried food needs to be cleaned frequently	

Received By (Name & Title): Mandy Butler

Inspected By (Name & Title): [illegible] 810

Operator Response to Inspection
State Form 80047 (2-01)

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: _____

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 10/2/24

DATE	ACTION TAKEN
10/2	#418 Cell phones placed in office
10/2	#218 Ice removed - maintance called
10/2	#138 Hair restraint & netted
10/2	#234 removed from ice machine
10/3	#310 Vents cleaned
10/3	#409 Tiles being cleaned, light covers ordered

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Kami Havens Title AGM

Establishment Burger King #821

Address 2409 S. Western Ave. Marion IN

Attach additional sheets as needed.

floor cleaned & mopped - on going

hand sink cleaned - on going

cleaned and pantry - nightly

prep area scrubbed - on going