



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

10 Days

Date

10/1/26

No. of Risk Factor/Intervention Violations

4

Time In

Time Out

#27

No. of Repeat Risk Factor/Intervention Violations

0

Establishment	Address	City/State	Zip Code	Telephone
Ford's KFC	2922 S. Western	Marion	49953	765-668-7298
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
FL-2026-016	Ford's KFC	Food Safety	2	2

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R
Supervision			
1 IN	Person in charge present, demonstrates knowledge, and performs duties		
2 IN	Certified Food Protection Manager		
Employee Health			
3 IN	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4 IN	Proper use of restriction and exclusion		
5 IN	Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
6 IN	Proper eating, tasting, drinking, or tobacco products use		
7 IN	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8 IN	Hands clean & properly washed		
9 IN	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10 IN	Adequate handwashing sinks properly supplied and accessible		
Approved Source			
11 IN	Food obtained from approved source		
12 IN	Food received at proper temperature		
13 IN	Food in good condition, safe, & unadulterated		
14 IN	Required records available: molluscan shellfish identification, parasite destruction		
Protection from Contamination			
15 IN	Food separated and protected		
16 IN	Food-contact surfaces; cleaned & sanitized		

Compliance Status		COS	R
17 IN	Proper disposition of returned, previously served, reheated & unsafe food		
Time/Temperature Control for Safety			
18 IN	Proper cooking time & temperatures		
19 IN	Proper reheating procedures for hot holding		
20 IN	Proper cooling time and temperature		
21 IN	Proper hot holding temperatures		
22 IN	Proper cold holding temperatures		
23 IN	Proper date marking and disposition		
24 IN	Time as a Public Health Control; procedures & records		
Consumer Advisory			
25 IN	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26 IN	Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
27 IN	Food additives: approved & properly used		
28 IN	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29 IN	Compliance with variance/specialized process/HACCP		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R=repeat violation

Compliance Status		COS	R
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, & animals not present		
39	Contamination prevented during food preparation, storage & display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		

Compliance Status		COS	R
Proper Use of Utensils			
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45 X	Single-use/single-service articles: properly stored & used		
46 X	Gloves used properly		
Utensils, Equipment and Vending			
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48 X	Warewashing facilities: installed, maintained, & used; test strips		
49 X	Non-food contact surfaces clean		
Physical Facilities			
50	Hot & cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage & wastewater properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55 X	Physical facilities installed, maintained, & clean		
56 X	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)

Joe Semano

Date:

Oct 1 2026

Inspector (Signature)

4510

Follow-up: YES NO

(Circle one)

Follow-up Date:



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State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

2026-0464
License/Permit #

Date

Oct. 1 2026

Establishment

Fazio's

Address

2722 So Western

City/State

Marion

Zip Code

46753

Telephone

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OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance

OUT=not in compliance

N/A=not applicable

COS=corrected on-site during inspection

R=repeat violation

Compliance Status

COS R

Compliance Status

COS R

57 IN OUT N/A N/O Outdoor Food Operation

58 IN OUT N/A N/O Mobile Retail Food Establishment

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.

Complete by Date:

307 C	16 Dinning area- soiled drink nozzles	Today
330 C	45 Preventing Contamination- Dinning Area- silverware stored in soiled containers	
306 C	49 Non Food Contact area soiled with dry food, dust and other debris 1. Work inside top 2. Sarge line wall on back side 3. Shelf- plate storage	
442 C	55 HVAC vents, has dust on them cashier line / kitchen to include +/- 10 ceiling tiles throughout establishment	
443 C	55 Physical Facility soiled with dry food, dust, black debris or other debris 1. Side of pasta maker / steamer cooker 2. flooring throughout kitchen to include baseboard and walk in threshold	

Person In Charge (Signature)

Eric Lemons

Date:

10-1-26

Inspector (Signature)

57510

Date:

10-1-26

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: Oct. 1 2026

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 _____

<u>DATE</u>	<u>ACTION TAKEN</u>
<u>10-1</u>	<u>Nozzles Cleaned</u>
<u>10-3</u>	<u>Cleaned Silverware containers</u>
<u>10-3</u>	<u>cleaned walls and floor</u>
<u>10-3</u>	<u>changed tiles</u>

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

Name Michael Pagley Title GM
Establishment Fazolis
Address ~~2922~~ 2922 S Western Ave

Attach additional sheets as needed.