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 Fresheno/Chick-Fil-A/Market	**Telephone Number** ( ) Establishment 330 ( ) Owner 316 8077	**Date of Inspection** (*mm/dd/yr*)	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1846 So. Main, Upland			
Owner ARI Food Systems	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 10 Days
Owner's Address Same	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Summary of Violations:** C 1 NC 4 R —	
Person in Charge Jennifer		**Menu Type** (*See back of page*) 1 2 X 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Jennifer Evans			

- 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
295	NC		Fresheno The following Non food Contact items coated with dry food debris 1) panini oven 2) mini refrigerators - handle on outside	
298	NC		Microwave had a plastic bottle with liquid in it	
295	C		The following Food Contact items had raw food touching utensils under ice cubers - Chick Filet -	
308	NC		Dust on Ceiling through out to include vents working AREA	
295	NC		Inside bottom of Raw Cooler has dried food	

Received by (*name and title printed*): Jennifer Evans Retail Director

Received by (*signature*): Jennifer Evans

Inspected by (*name and title printed*): Angela R. McCallum Dietary Sanitarian

Inspected by (*signature*): [signature] 4510-Dietary Asst

cc: | cc: | cc: