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 Hardee's Marion	**Telephone Number** ( ) Establishment ( ) Owner 765-674-5926	**Date of Inspection** *(mm/dd/yr)* 10/11/24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 3808 So. Western Ave., Marion	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 Days
Owner Jamoo Shah	2. Follow-up	**Summary of Violations:**	
Owner's Address Dayton, OH	3. Complaint	C— NC 1 R 1	
Person in Charge Dave	4. Pre-Operational		
Responsible Person's E-mail	5. Temporary	**Menu Type** *(See back of page)*	
Certified Food Handler Dave Atkins Issued 8/24	6. HACCP	1 2 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
402	NC	✓	Dust on ceiling in Kitchen area	

Received by *(name and title printed)*: David Atkins

Received by *(signature)*:

Inspected by *(name and title printed)*: Angela McCallum

Inspected by *(signature)*: 10/11

cc: | cc: | cc: