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 Long John Silvers	**Telephone Number** ( ) Establishment ( ) Owner 765 654-7043	**Date of Inspection** (*mm/dd/yr*) 10/24/24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1409 W. Kem Rd. Marion			
Owner LJS 0260 one LLC	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 Days
Owner's Address same	2. Follow-up	**Summary of Violations:**	
Person in Charge Anna	3. Complaint	C — NC 3 R —	
Responsible Person's E-mail —	4. Pre-Operational		
Certified Food Handler Anna Smith issued 5/2024	5. Temporary	**Menu Type** (*See back of page*)	
	6. HACCP	1 2 3 X 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
431	NC		flooring in walk in cooler needs replaced - soiled with dark residue - needs to be smooth easy cleanable	ASAP
430	NC		floor tiles cracked around walk in - 3 bay sink - need to be smooth easily cleanable	
295	NC		The following "No Food Contact" items soiled with food (dried), grease and or dust 1) fryer side/underneath 2) wall behind fryers/grill 3) under service counter 4) ceiling and light fixtures throughout 5) underneath counter	

Received by (*name and title printed*): ANNA SMITH	Inspected by (*name and title printed*): Angela McCollum
Received by (*signature*): Ana Smith	Inspected by (*signature*): Angela McCollum FSO
cc:	cc:
cc:	