RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Release Date: 10 Days | No. of Risk Factor/Intervention Violations: 10 | No. of Repeat Risk Factor/Intervention Violations: - | Date: June 1 2026 | Time In: ~~Time In~~ | Time Out: ~~Time Out~~ # 27

Establishment	Address	City/State	Zip Code	Telephone
Marion Fish & Chicken Market INC	1021 W Delphi Dr.	Marion IN	46952	7655734235

License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
FEL-2265493	Ricky Lemon	Routine	3	3

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 OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		
2	IN OUT N/A N/O	Certified Food Protection Manager		
Employee Health				
3	IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	IN OUT N/A N/O	Proper use of restriction and exclusion		
5	IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices				
6	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		
7	IN OUT N/A N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands				
8	IN OUT N/A N/O	Hands clean & properly washed		
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		
Approved Source				
11	IN OUT N/A N/O	Food obtained from approved source		
12	IN OUT N/A N/O	Food received at proper temperature		
13	IN OUT N/A N/O	Food in good condition, safe, & unadulterated		
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		
Protection from Contamination				
15	IN OUT N/A N/O	Food separated and protected		
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		
17	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food		
Time/Temperature Control for Safety				
18	IN OUT N/A N/O	Proper cooking time & temperatures		
19	IN OUT N/A N/O	Proper reheating procedures for hot holding		
20	IN OUT N/A N/O	Proper cooling time and temperature		
21	IN OUT N/A N/O	Proper hot holding temperatures		
22	IN OUT N/A N/O	Proper cold holding temperatures		
23	IN OUT N/A N/O	Proper date marking and disposition		
24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records		
Consumer Advisory				
25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations				
26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances				
27	IN OUT N/A N/O	Food additives: approved & properly used		
28	IN OUT N/A N/O	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures				
29	IN OUT N/A N/O	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	X	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	X	Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		
Proper Use of Utensils				
43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single-service articles: properly stored & used		
46		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	X	Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55	X	Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature) Date: 01/06/2026

Inspector (Signature)

Follow-up: YES NO (Circle one) Follow-up Date: 6-10-26

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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit # 226-0493 | Date June 1 2026

Establishment	Address	City/State	Zip Code	Telephone
Marion Tech & Chicken Market	1024 W Delphi Dr.	Marion	46952	—

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/A=not applicable

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	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:
142 P-8	Improper glove usage. Observed employee did not wash his hands before putting gloves on	today
214 PF-23	Date marking - No dates on items in prep cooler	
266 PF-36	No thermometers in equipment	COS
279 PF-36	No food thermometer on site	
151 C-40	No hair restraint	
281 PF-48	No sanitization test Kit on site	
305 C-49	No following NFC food contact items caked with grease and dry food and other debris 1. Hood above fryers - to include side of fryer 2. Prep table bottom shelf	
420 C-53	Restroom must have a self-closing door	

Person In Charge (Signature) [signature] FSIC — Date: ~~6-10-26~~

Inspector (Signature) [signature] HE — Date: 6-1-26

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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit # 2026-0493

Date June 1 2026

Establishment	Address	City/State	Zip Code	Telephone
Chicken Mania	1024 W Delphi Dr	Marion	46952	—

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:
447C-55	must be used to dry properly mops	Today
317 P-16	Improper ~~[illegible]~~ ware washing/ no sanitization set up	

Published Comment Chauffeyn around 3-bay sink needs to be cleaned repaired or replaced.

Person In Charge (Signature) [signature] Date: 6-01-26

Inspector (Signature) [signature] Date: 6-1-26