



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

Release Date

10 Days

Date

9-10-26

No. of Risk Factor/Intervention Violations

6

Time In

Time Out

#27

No. of Repeat Risk Factor/Intervention Violations

1

Establishment

Marion General Hospital, INC

Address

441 N. Wabash

City/State

Marion IN

Zip Code

46152

Telephone

765-660-7009

License/Permit #

FE-2060123

Permit Holder

MGH INC

Purpose of Inspection

Routine

Est. Type

4

Risk Category

4

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			

Compliance Status		COS	R
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	Thermometers provided & accurate		
Food Identification			
37	X 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	Single-use/single-service articles: properly stored & used		
46	Gloves used properly		
Utensils, Equipment and Vending			
47	X Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	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	Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature)

Sarah J. Aspry

Date:

9/10/26

Inspector (Signature)

Inspector Signature

Follow-up: YES NO (Circle one) Follow-up Date:



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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION20650123
License/Permit #
Date Sept. 10 2026

Establishment

MGH

Address

441 N Wabash

City/State

Morton

Zip Code

46162

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

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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:

306 PF 16	Impina Microwave soiled inside top soiled	Today
213 P 22	Proper cold holding not in deli area started camp, cold well not on: yogurt temp 59°, cottage cheese temp 57° and boiled eggs temp 59° — 9am	Today (all items removed)
221 C 37	Food properly labeled - nuts in grab and go area not labeled	Today
306 C 49	Soda Machine and ice dispenser underneath plate soiled - self serve area	Today
284 C 47	Seal at bottom of the turbo air cooler, broken. Need repair or fix	7 days
442 C 55	Physical facilities in need of repair or replace - Service line cracked to include underneath - needs to be smooth, easy, cleanable	*work order submitted 90 days

Person In Charge (Signature)

Sarah J. Gustafson

Date:

9/10/26

Inspector (Signature)

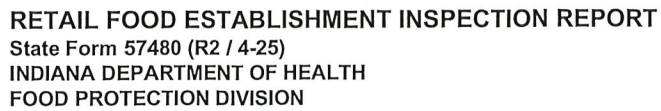
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P82

Date:

9/10/26



2026-0123 Sept. 10 2026
License/Permit # Date

Address

City/State

Zip Code

Telephone

Item Number

Complete by Date:

443 C 55 Physical facilities sold with dust. The vent and anpsul system in the boiler's area, on the anpsul system in the COOL's ~~the~~ area, pipes in the assistant COOL area

Today

Published Comment

Published Comment 442-C (Spoke with Jesse and Courtney about physical facilities in repair)

Person In Charge (Signature)

Inspector (Signature)

Date: 7/10/26

Date: 9/10/20