



**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 <i>Baldwin Center @ JWU</i> | | Telephone Number <i>(765) 231-2310</i> | Date of Inspection <i>1-13-23</i> | ID # <i>27</i> |
| Establishment Address (number and street, city, state, ZIP code) <i>4201 S Washington St</i> | | Owner <i>Pioneer College Cooking Inc</i> | Follow-up | Release Date <i>10 days</i> |
| Owner's Address <i>303 Gewrose Ave TN</i> | Person in Charge <i>Lorenzo</i> | Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) | Summary of Violations: <i>C 3 NC - R -</i> | |
| Responsible Person's E-mail | Certified Food Handler <i>Lorenzo McClanahan Exp 3-2025</i> | Menu Type (See back of page) <i>1 2 3 4 5</i> | | |

• 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 | C | | 1) can opener blade heavily soiled with food debris to include base and taste area 2) containers holding clean utensils on storage rack has debris in bottom of containers | Today |
| 191 | C | | 1) no date marking on items in salad bar metal cabinet in cooler 2) no date marking salad cooler in salad bar area | Today |
| 173 | C | | containers of red onions sitting on top of pickles uncovered | Disposed of |

| | |
|--|---|
| Received by (name and title printed): <i>Lorenzo McClanahan</i> | Inspected by (name and title printed): <i>Scott Kendall / Dean Small</i> |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: |

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 1/16/2023

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 1-13-23.

| DATE: | Action Taken: |
|------------------|--|
| <u>1/13/23</u> | <u>Can opener cleaned</u> |
| <u>1/13/2023</u> | <u>Utensil containers cleaned + freeze bottom in place</u> |
| <u>1/13/2023</u> | <u>Date marking corrected</u> |
| <u>1/13/2023</u> | <u>Onions thrown out</u> |

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Becky Wright Title: FSD

Establishment Name: Pioneer College Caterers @ Indiana Wesleyan University

Address: 4201 S Washington St Marion IN 46953

Attach additional sheets as needed.