



**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 MARIO'S @ TWU		Telephone Number Establishment 765	Date of Inspection (mm/dd/yr) 1-13-23	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4201 S. Washington St		Owner 617-2310		
Owner Pioneer College Catering Inc	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date 70 Days	
Owner's Address 303 Glenrose Ave TN			Summary of Violations: C — NC — R —	
Person in Charge LORENZO			Menu Type (See back of page) 1 2 3 4 5	
Responsible Person's E-mail _____				
Certified Food Handler Becky Weight				

• 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
			no violations	

Received by (name and title printed): Lorenzo McClanahan		Inspected by (name and title printed): Scott Kendrick / Deed Smelt	
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>	
cc:	cc:	cc:	