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 Way To Go Inc	**Telephone Number** 765 Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 4-25-23	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 2620 S Lincoln Blvd			
Owner Paramjot Hundaz	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** Yes	**Release Date** 10 days
Owner's Address 942 Farmington Tr Brownsburg		**Summary of Violations:** C 1 NC ✓ R 1	
Person in Charge Dawn			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1 X 2 3 4 5	
Certified Food Handler N/A			

• 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
297	C	X	Fountain machine nozzles, heavy soiled	
			Not being cleaned often / proper	Immediately

Received by (*name and title printed*): DAWN R. TEOFRIO	Inspected by (*name and title printed*): Dean Smith
Received by (*signature*): Dawn R. Teofrio	Inspected by (*signature*): Deanshal FSIU

cc:	cc:	cc: