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 Waylons Bar Marion LLC	**Telephone Number** 7 Establishment 6 Owner 8340	**Date of Inspection** (mm/dd/yr) 5-4-23	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 324 E Charles St			
Owner Travis Campbell	**Purpose:** 1. Routine (circled)	**Follow-up** No	**Release Date** 10 days
Owner's Address Same	2. Follow-up	**Summary of Violations:** C 2 NC 2 R —	
Person in Charge Travis	3. Complaint		
Responsible Person's E-mail —	4. Pre-Operational (circled)		
Certified Food Handler James Cramer exp 7-2024	5. Temporary	**Menu Type** (See back of page) 1 2 3 X 4 5	
	6. HACCP		
	7. Other (list)		

• 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
275	C		Tray holding Clean Silverware has food debris in the bottom	
295	NC		Metal Shelving Next to grill has food/grease on it.	
191	C		Cut ~~pickles~~ Tomatoes / pickles sitting out in Kitchen temped at 53°F — Needs set on Ice	
431	NC		Flooring Next to grill has grease	

Received by (name and title printed): Travis Campbell	Inspected by (name and title printed): Dean Lull FSIO
Received by (signature): [signature]	Inspected by (signature): Dean Lull FSIO
cc:	cc:	cc: