



**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>Wildcat @ FWU</i>	Telephone Number (Establishment) <i>705</i>	Date of Inspection (mm/dd/yr) <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>697 2318</i>	Follow-up	Release Date <i>10 days</i>
Owner <i>Pioneer College Caking Inc</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 / NC 5 R</i>	
Owner's Address <i>303 Genrose Ave TN</i>	Person in Charge <i>Lorenzo</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail	Certified Food Handler <i>Lorenzo McClanahan 3 years</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
			<i>- WORK -</i>	
<i>138</i>	<i>NC</i>		<i>Employee preping / cooking w/out a bent good</i>	<i>Corrected</i>
<i>431</i>	<i>NC</i>		<i>Flaking between dryer & warmer grease on floor</i>	<i>Today</i>
			<i>- CASA -</i>	
<i>431</i>	<i>NC</i>		<i>Floor has food debris behind warmers</i>	<i>Today</i>
<i>295</i>	<i>NC</i>		<i>Outside of trash cans have food debris</i>	
			<i>- Chick Fillet -</i>	
<i>295</i>	<i>NC</i>		<i>ON counter melted butter running onto floor</i>	<i>Today</i>
			<i>- Deli -</i>	
<i>295</i>	<i>C</i>		<i>NO VIOLATIONS Plastic carts in warewashing string clean dishes carts have food debris on them washing clean dishes</i>	
Received by (name and title printed): <i>Lorenzo McClanahan</i>			Inspected by (name and title printed): <i>Scott K. K. Dell</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>1/13/2023</u>	<u>Employee given beard guard to wear.</u>
<u>1/13/2023</u>	<u>Wok - floor & Casa - floor cleaned</u>
<u>1/13/2023</u>	<u>Garbage cans washed</u>
<u>1/13/2023</u>	<u>- Chuck Fi / A - toaster cleaned</u>
<u>1/13/2023</u>	<u>- Deli carts cleaned</u>

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

Name of Respondent: Beky Wright Title: FSD

Establishment Name: Pioneer College Careers - Indiana Wesleyan University

Address: 4201 S Washington St Marion IN 46953

Attach additional sheets as needed.