



**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 <b>BALDWIN CAFETERIA</b>	Telephone Number <b>(765) 677-2310</b>	Date of Inspection (mm/dd/yr) <b>2-11-2020</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>4201 SOUTH WASHINGTON ST. MARION</b>	( ) Owner	Follow-up <b>YES</b>	Release Date <b>2-21-2020</b>
Owner <b>PIONEER COLLEGE CATERING</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C 3 NC 4 R 5</b>	
Owner's Address <b>303 ELENROSE AVE NASHVILLE TN</b>	2. Follow-up	Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Person in Charge <b>BECKY WRIGHT</b>	3. Complaint		
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational		
Certified Food Handler <b>BECKY WRIGHT ISSUE 1-5-2016</b>	5. Temporary		
	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
245	NC		soiled wiping cloths laying on tables, EQUIPMENT AND BUS CARTS APPROX 10	TODAY
295	C		THE FOLLOWING FOOD CONTACT SURFACES SOILED WITH FOOD DEBRIS.	}
		X	1) CAN OPENER BLADE / BASE	
		X	2) MEAT SLICER	
		X	3) SOILED PLASTIC TUBS, STORING CLEAN UTENSILS.	
295	NC		THE FOLLOWING "NON-FOOD" CONTACT SURFACES SOILED WITH FOOD DEBRIS:	TODAY
			1) COUNTER TOPS HOLDING WARMERS	}
			2) SHELVING HOLDING CLEAN DISHES	
		X	3) BLACK BUS CART	
			4) 2 PREP TABLES IN BAKERY AREA	
431	NC	X	THE FLOORS BEHIND GRILL / DEEP FRYERS SOILED WITH GREASE / FOOD DEBRIS. "PIZZA AREA"	TODAY
294	C	X	THE SANITIZER TAKEN PPM IS 2 PPM IN RED BUCKET	

Received by (name and title printed): <b>Becky Wright, Director</b>	Inspected by (name and title printed): <b>R. Deane FSD / Dean Small - FSD</b>
Received by (signature): <i>Becky Wright</i>	Inspected by (signature): <i>R. Deane FSD / Dean Small FSD</i>
cc:	cc:



Operator Inspection Response  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401  
Fax 765-651-2419

DATE: 2/23/2020

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

*Baldwin Cafeteria*

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 2-11-2020

DATE:	Action Taken:
<u>2/11/2020</u>	<u>Cloths for wiping placed in sanitizing buckets. Employee meeting held to discuss proper procedure. Sanitizer substitution checked</u>
<u>2/13/2020</u>	<u>Can opener cleaned &amp; Meat slicer cleaned All utensil tubs emptied &amp; cleaned. Carts cleaned Shelving washed &amp; Counters along w/ prep table Floors cleaned in Blue Marble</u>
<u>2/16/2020</u>	<u>Power washed behind cages</u>

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

Name of Respondent: Betsy Wright Title: FSD

Establishment Name: Baldwin Cafeteria

Address: 4201 S Washington - IWU

o Attach additional sheets as needed.