



**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 Baldwin Center JWU	Telephone Number 765 Establishment 677-5310	Date of Inspection (mm/dd/yr) 1-10-22	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4201 S Washington St	Owner Pioneer College Catering/Inc	Follow-up No	Release Date 10 days
Owner's Address 303 Glenrose Ave TN	Purpose: 1. Routine	Summary of Violations: C L NC R	
Person in Charge Karen Stewart	2. Follow-up	Menu Type (See back of page) 1 2 3 X 4 5	
Responsible Person's E-mail	3. Complaint		
Certified Food Handler Lorenzo McClanahan 3-21-25	4. Pre-Operational		
	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
345	C		Can of insect killer and pad lock laying on Hand washing sink	Removed

Received by (name and title printed): Karen Stewart	Inspected by (name and title printed): Scott Kibendall	
Received by (signature): <i>Karen Stewart</i>	Inspected by (signature): <i>Scott Kibendall FSO</i>	
cc:	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: 1/20/2022

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 1-10-22.

DATE:	Action Taken:
<u>1/10/2022</u>	<u>Items removed from hand sink.</u>

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

Name of Respondent: Becky Wright Title: FSD
 Establishment Name: Pioneer College Caterers IWU
 Address: 4201 S Washington Marion IN

Attach additional sheets as needed.