



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 48669 (R2/2-05)

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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 Cafeteria - Baldwin - WU	Telephone Number () Establishment 765	Date of Inspection (mm/dd/yr) 3-4-28	ID # 27
Establishment Address (number and street, city, state, ZIP code) 2601 S. Washington St., Marion	() Owner 677-2310		
Owner Pioneer Collectors, INC	Purpose: 1. Routine	Follow-up NO	Release Date 100 Days
Owner's Address Same	2. Follow-up		
Person in Charge Rob	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Rob Scott	5. Temporary		
	6. HACCP		
	7. Other (list) 5/24/22		
		C <input type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
		Summary of Violations:	
		Menu Type (See back of page)	
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

- 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"

Received by (name and title printed):

Boiley Gramen 2

Received by (signature):

Baileys Meleag

cc:

cc:

CC

Inspected by (name and title printed):

Dear friends

Inspected by (signature)

Approved by (Signature):

Reffo