



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

3 days

Date 11/04/25
Time In 6:10

No. of Risk Factor/Intervention Violations

No. of Repeat Risk Factor/Intervention
Violations

Time Out

Establishment	Address	City/State	Zip Code	Telephone
Historical Marion County club/The Tamahawk	2225 North Ledges Rd	Marion IN	46953	(70)517-1953
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
2025-270	Jenna Riddle	Routine	3	3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status	COS	R
Supervision						
1	IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food
2	IN OUT N/A N/O	Certified Food Protection Manager		18	IN OUT N/A N/O	Proper cooking time & temperatures
Employee Health						
3	IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19	IN OUT N/A N/O	Proper reheating procedures for hot holding
4	IN OUT N/A N/O	Proper use of restriction and exclusion		20	IN OUT N/A N/O	Proper cooling time and temperature
5	IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		21	IN OUT N/A N/O	Proper hot holding temperatures
Good Hygienic Practices						
6	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		22	IN OUT N/A N/O	Proper cold holding temperatures
7	IN OUT N/A N/O	No discharge from eyes, nose, and mouth		23	IN OUT N/A N/O	Proper date marking and disposition
Preventing Contamination by Hands						
8	IN OUT N/A N/O	Hands clean & properly washed		24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory		
10	IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food
Approved Source						
11	IN OUT N/A N/O	Food obtained from approved source		Highly Susceptible Populations		
12	IN OUT N/A N/O	Food received at proper temperature		26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered
13	IN OUT N/A N/O	Food in good condition, safe, & unadulterated		27	IN OUT N/A N/O	Food additives: approved & properly used
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		28	IN OUT N/A N/O	Toxic substances properly identified, stored, & used
Protection from Contamination						
15	IN OUT N/A N/O	Food separated and protected		Conformance with Approved Procedures		
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		29	IN OUT N/A N/O	Compliance with variance/specialized process/HACCP
GOOD RETAIL PRACTICES						
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		COS=corrected on-site during inspection		R=repeat violation
Compliance Status		COS	R	Compliance Status	COS	R
Safe Food and Water						
30	Pasteurized eggs used where required			Proper Use of Utensils		
31	Water & ice from approved source			43	In-use utensils: properly stored	
32	Variance obtained for specialized processing methods			44	Utensils, equipment & linens: properly stored, dried, & handled	
Food Temperature Control				45	Single-use/single-service articles: properly stored & used	
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly	
34	Plant food properly cooked for hot holding			Utensils, Equipment and Vending		
35	Approved thawing methods used			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips	
Food Identification				49	Non-food contact surfaces clean	X
37	Food properly labeled; original container			Physical Facilities		
Prevention of Food Contamination				50	Hot & cold water available; adequate pressure	
38	Insects, rodents, & animals not present			51	Plumbing installed; proper backflow devices	
39	Contamination prevented during food preparation, storage & display			52	Sewage & wastewater properly disposed	
40	Personal cleanliness			53	Toilet facilities: properly constructed, supplied, & cleaned	
41	Wiping cloths: properly used & stored			54	Garbage & refuse properly disposed; facilities maintained	
42	Washing fruits & vegetables			55	Physical facilities installed, maintained, & clean	
Person In Charge (Signature)				56	Adequate ventilation & lighting; designated areas used	
Inspector (Signature)						
Date: 11/04/25						
Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (Circle one) Follow-up Date:						

GRANT COUNTY HEALTH DEPARTMENT

Phone: 765-651-2401 Ext. 3123/3111
Fax: 765-651-2419

DATE: 11/04/25

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 11/04/25.

Date:

11/7/25

Action Taken:

Got all fans out of the kitchen

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

Name of Respondent: Michael Barnes Title: Head chef

Establishment Name: The Tomahawk

Address: 2225 N Lingo road

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: 11/02/25

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Marion, IN. 46953

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Attach additional sheets as needed.