



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

Release Date

3 days

Date

11/06/25

No. of Risk Factor/Intervention Violations

Time In

6:10

Time Out

No. of Repeat Risk Factor/Intervention Violations

Establishment Historical Marion County Club/The Tanabruk	Address 2225 North Lages Rd	City/State Marion IN	Zip Code 46953	Telephone (765) 517-1953
License/Permit # 2025-270	Permit Holder Jenna Riddle	Purpose of Inspection Routine	Est. Type 3	Risk Category 3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R
Supervision			
1	IN OUT N/A N/O Person in charge present, demonstrates knowledge, and performs duties		
2	IN OUT N/A N/O Certified Food Protection Manager		
Employee Health			
3	IN OUT N/A N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	IN OUT N/A N/O Proper use of restriction and exclusion		
5	IN OUT N/A N/O Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
6	IN OUT N/A N/O Proper eating, tasting, drinking, or tobacco products use		
7	IN OUT N/A N/O No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8	IN OUT N/A N/O Hands clean & properly washed		
9	IN OUT N/A N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	IN OUT N/A N/O Adequate handwashing sinks properly supplied and accessible		
Approved Source			
11	IN OUT N/A N/O Food obtained from approved source		
12	IN OUT N/A N/O Food received at proper temperature		
13	IN OUT N/A N/O Food in good condition, safe, & unadulterated		
14	IN OUT N/A N/O Required records available: molluscan shellfish identification, parasite destruction		
Protection from Contamination			
15	IN OUT N/A N/O Food separated and protected		
16	IN OUT N/A N/O Food-contact surfaces; cleaned & sanitized		

Compliance Status		COS	R
17	IN OUT N/A N/O Proper disposition of returned, previously served, reheated & unsafe food		
Time/Temperature Control for Safety			
18	IN OUT N/A N/O Proper cooking time & temperatures		
19	IN OUT N/A N/O Proper reheating procedures for hot holding		
20	IN OUT N/A N/O Proper cooling time and temperature		
21	IN OUT N/A N/O Proper hot holding temperatures		
22	IN OUT N/A N/O Proper cold holding temperatures		
23	IN OUT N/A N/O Proper date marking and disposition		
24	IN OUT N/A N/O Time as a Public Health Control; procedures & records		
Consumer Advisory			
25	IN OUT N/A N/O Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26	IN OUT N/A N/O Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
27	IN OUT N/A N/O Food additives: approved & properly used		
28	IN OUT N/A N/O Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29	IN OUT N/A N/O Compliance with variance/specialized process/HACCP		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

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
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, & animals not present		
39	Contamination prevented during food preparation, storage & display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		

Compliance Status		COS	R
Proper Use of Utensils			
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored & used		
46	Gloves used properly		
Utensils, Equipment and Vending			
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		X
Physical Facilities			
50	Hot & cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage & wastewater properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature)

[Signature]

Date:

11/06/25

Inspector (Signature)

[Signature]

Follow-up: YES NO

(Circle one)

Follow-up Date:



Telephone

(65) 577-1953

R=repeat violation

COS

58	IN	OUT	N/A	N/O	Mobile Retail Food Establishment
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Temp

Of

chase / the

Complete by Date:

10 days

Date: 11/06/25

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 11/06/25

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 11/10/25

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 Lysro road

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