



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

Release Date 10/Days 2  
No. of Risk Factor/Intervention Violations  
No. of Repeat Risk Factor/Intervention Violations

Date 9/4/25  
Time In  
Time Out

Establishment Wildcat Address 4201 So Washington Marion IN Zip Code 46953 Telephone 765-667-2310  
License/Permit # 2025-214 Permit Holder Pioneer Alliance Services Koutini Est. Type 4 Risk Category 4

**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	Compliance Status	COS	R	
<b>Supervision</b>				<b>Time/Temperature Control for Safety</b>			
1 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Person in charge present, demonstrates knowledge, and performs duties	17 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned & unsafe food
2 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Certified Food Protection Manager	18 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Proper cooking time & temperatures
<b>Employee Health</b>				19 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Proper reheating procedures for hot holding
3 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	20 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Proper cooling time and temperature
4 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Proper use of restriction and exclusion	21 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Proper hot holding temperatures
5 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Procedures for responding to vomiting and diarrheal events	22 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Proper cold holding temperatures
<b>Good Hygienic Practices</b>				23 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Proper date marking and disposition
6 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	24 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Time as a Public Health Control; procedures & records
7 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	No discharge from eyes, nose, and mouth	<b>Consumer Advisory</b>			
<b>Preventing Contamination by Hands</b>				25 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Consumer advisory provided for raw/undercooked food
8 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Hands clean & properly washed	<b>Highly Susceptible Populations</b>			
9 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	26 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered
10 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Adequate handwashing sinks properly supplied and accessible	27 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Food additives: approved & properly used
<b>Approved Source</b>				28 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Toxic substances properly identified, stored, & used
11 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Food obtained from approved source	29 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Compliance with variance/specialized process/HACCP
12 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Food received at proper temperature	<b>Risk factors</b>			
13 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Food in good condition, safe, & unadulterated	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.			
14 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction				
<b>Protection from Contamination</b>							
15 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Food separated and protected				
16 <input checked="" type="checkbox"/> IN	OUT <input checked="" type="checkbox"/> N/A	N/O <input type="checkbox"/>	Food-contact surfaces; cleaned & sanitized				
<b>GOOD RETAIL PRACTICES</b>							
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	
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
30 <input type="checkbox"/>	Pasteurized eggs used where required			43 <input type="checkbox"/>	In-use utensils: properly stored		
31 <input type="checkbox"/>	Water & ice from approved source			44 <input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled		
32 <input type="checkbox"/>	Variance obtained for specialized processing methods			45 <input type="checkbox"/>	Single-use/single-service articles: properly stored & used		
<b>Food Temperature Control</b>				46 <input type="checkbox"/>	Gloves used properly		
33 <input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			47 <input type="checkbox"/>	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
34 <input type="checkbox"/>	Plant food properly cooked for hot holding			48 <input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips		
35 <input type="checkbox"/>	Approved thawing methods used			49 <input checked="" type="checkbox"/>	Non-food contact surfaces clean		
36 <input type="checkbox"/>	Thermometers provided & accurate			<b>Physical Facilities</b>			
<b>Food Identification</b>				50 <input type="checkbox"/>	Hot & cold water available; adequate pressure		
37 <input type="checkbox"/>	Food properly labeled; original container			51 <input type="checkbox"/>	Plumbing installed; proper backflow devices		
<b>Prevention of Food Contamination</b>				52 <input type="checkbox"/>	Sewage & wastewater properly disposed		
38 <input type="checkbox"/>	Insects, rodents, & animals not present			53 <input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned		
39 <input type="checkbox"/>	Contamination prevented during food preparation, storage & display			54 <input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained		
40 <input type="checkbox"/>	Personal cleanliness			55 <input type="checkbox"/>	Physical facilities installed, maintained, & clean		
41 <input type="checkbox"/>	Wiping cloths: properly used & stored			56 <input type="checkbox"/>	Adequate ventilation & lighting; designated areas used		
42 <input type="checkbox"/>	Washing fruits & vegetables			<b>Person In Charge (Signature)</b> <u>John</u>			
				Date: <u>Sept. 4 2025</u>			
				Inspector (Signature) <u>P.S. 10</u>			
				Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (Circle one) Follow-up Date:			

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Establishment <i>Wildcat</i>	Address <i>4201 S Washington</i>	City/State <i>Marion IN</i>	Zip Code <i>46953</i>	Telephone <i>765667-2310</i>	
<b>OBSERVATIONS AND CORRECTIVE ACTIONS</b>					
Item Number	Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.				Complete by Date:
	<i>- Wak - no violations</i>				
	<i>- Casa - no violations</i>				
C <i>306c-49</i>	<i>- Chick-fil-A - The following non food Contact area soiled with grease and food debris * underneath players / floor</i>				
PP <i>306a-16</i>	<i>- 42nd Deli - The following food Contact area soiled with food debris * meat slicer</i>				
<p>Published Comment</p> <p><i>100% of time</i></p>					

Person In Charge (Signature) <i>Mr. R. R. R.</i>	Date: 9/4/25
Inspector (Signature) <i>Marion 46953 765667-2310</i>	Date: 9/4/25