



**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 <i>wild cat</i>	Telephone Number <i>(765) 765-2310</i>	Date of Inspection <i>1-10-22</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4201 S Washington St Marion</i>	Owner <i>(677) 2310</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>Pioneer Catering</i>	Purpose: <input checked="" type="radio"/> 1. Routine	Summary of Violations: <i>C - NC / R -</i>	
Owner's Address <i>303 Glenrose Av TN</i>	<input type="radio"/> 2. Follow-up	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in Charge <i>Karen Stewart</i>	<input type="radio"/> 3. Complaint		
Responsible Person's E-mail <i>_____</i>	<input type="radio"/> 4. Pre-Operational		
Certified Food Handler <i>Lorenzo McClanahan 3-21-2025</i>	<input type="radio"/> 5. Temporary		
	<input type="radio"/> 6. HACCP		
	<input type="radio"/> 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
			<i>- WORK -</i>	
			<i>NO violations</i>	
<i>295</i>	<i>NC</i>		<i>CASA - Black base cart - top has dried food debris</i>	<i>Today</i>
			<i>- Chick Pillet -</i>	
			<i>OK No violations</i>	

Received by (name and title printed): <i>Karen Stewart</i>	Inspected by (name and title printed): <i>Dean Smalls RST</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>

cc:	cc:	cc:
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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: 1/20/22

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>1/20/22</u>	<u>Dried food debris on buscart has been cleaned</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.