# 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: Mario's @ IWU | Telephone Number (765) Establishment (765) Owner 677 2310 | Date of Inspection (mm/dd/yr): 8.29.24 | ID #: 27 |
| Establishment Address (number and street, city, state, ZIP code): 4201 So. Washington St. Marion | | | |
| Owner: Pioneer College Caterers INC | Purpose: 1. Routine | Follow-up: NO | Release Date: 10 Days |
| Owner's Address: Same | 2. Follow-up | Summary of Violations: | |
| Person in Charge: Bailey | 3. Complaint | C___ NC___ R___ | |
| Responsible Person's E-mail: | 4. Pre-Operational | | |
| Certified Food Handler: Rob Scott Issued 5/24/22 | 5. Temporary | Menu Type (See back of page) | |
| | 6. HACCP | | |
| | 7. Other (list) ___ | 1___ 2___ 3 X 4___ 5___ | |

- 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 |
|---|---|---|---|---|
| | | | -No violations- | |

| | |
|---|---|
| Received by (name and title printed): Bailey Gramer Z | Inspected by (name and title printed): Dean Smith / Angela McCollum |
| Received by (signature): | Inspected by (signature): Dean Smith PSIO / [illegible] |
| cc: | cc: / cc: |