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~~ 26, 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 FWU	**Telephone Number** (765) Establishment ( ) Owner 677-2310	**Date of Inspection** (*mm/dd/yr*) 9-15-25	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 4201 S Washington St.			
Owner Pioneer	**Purpose:** 1. Routine 2. Follow-up Sp-4 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** NO	**Release Date** 10 days
Owner's Address		**Summary of Violations:** C ___ NC ___ R ___	
Person in Charge Rob			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1___ 2___ 3___ 4 5___	
Certified Food Handler			

- 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
			Follow up on Mario's	
			0 violations	

Received by (*name and title printed*): Rob Scott	Inspected by (*name and title printed*): Dean Small
Received by (*signature*):	Inspected by (*signature*): Dean Small PSFD

cc:	cc:	cc: