# 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: MARIOS @ IWU | Telephone Number: ( ) Establishment ( ) Owner 677-2310 | Date of Inspection (*mm/dd/yr*): 2-12-24 | ID #: 27 |
| Establishment Address (*number and street, city, state, ZIP code*): 4201 S Washington St | | | |
| Owner: Pioneer College | Purpose: 1. Routine (circled) | 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 | | |
| | 5. Temporary | Menu Type (*See back of page*) | |
| Certified Food Handler: Magali ORT 9/8/27 | 6. HACCP | 1 ___ 2 ___ 3 X 4 ___ 5 ___ | |
| | 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 |
|---|---|---|---|---|
| | | | NO Violations | |

| | |
|---|---|
| Received by (*name and title printed*): Bailey Gramenz | Inspected by (*name and title printed*): April Legare + Deanfield |
| Received by (*signature*): [signature] | Inspected by (*signature*): April Legare [signature] |
| cc: | cc: | cc: |