



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 48669 (R2/2-05)

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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>Mario's Italian - 1WU</i>	Telephone Number (763) 677-2310	Date of Inspection (mm/dd/yr) <i>2/24/23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, zip code) <i>401 S. Washington St., Marion</i>			
Owner <i>Marion College Caterers INC</i>	Purpose: 1. Routine	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>None</i>	2. Follow-up	Summary of Violations:	
Person in Charge <i>Bailey</i>	3. Complaint	<i>C NC R</i>	
Responsible Person's E-mail <i>bailey@marioncollege.edu</i>	4. Pre-Operational		
Certified Food Handler <i>Bob Scott</i>	5. Temporary	Menu Type (See back of page)	
	6. HACCP	<i>1 2 3 4 5</i>	
	7. Other (list) <i>5/24/22</i>		

- 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
295	NC		<p>The following "Non Contact Items" soiled with drug/road debris</p> <ol style="list-style-type: none"> 1. Prep Cooler/Mail station inside 2. Cooler #22 handles 3. Freezer #21 handles and side near door 4. Warmer by freezer to include freezer side and floor 	ASAP

Received by (name and title printed):

Bailey Gramenz

Received by (signature):

Received by (signature):

Inspected by (name and title printed):

~~William~~

Inspected by signature

Inspected by (signature):

CC:

CC

CC