



**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 <b>Pioneer College Cafe (Bloomington)</b>	Telephone Number ( ) Establishment <b>317-7310</b>	Date of Inspection (mm/dd/yr) <b>2-12-24</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>4201 S Washington St</b>	Owner <b>Pioneer College</b>	Follow-up <b>10 days</b>	Release Date
Owner <b>Pioneer College</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C 2 NC 2 R 2</b>	
Owner's Address <b>Same</b>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <b>Bailey</b>	3. Complaint	1 2 3 <b>X</b> 4 5	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <b>Rob Scott 5/24/22</b>	5. Temporary		
	6. HACCP		
	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
138	NC	✓	2 Employees observed cooking without beard guards	
297	C		Inside & top of Microwave soiled with dried food	
295	C	✓	Plastic bins holding clean utensils soiled with dried food to include bins at salad bar	
431	NC		Flooring in PIZZA AREA soiled along wall	
295	C		Metal shelving has clean dishes with dried food debris	

Received by (name and title printed): <b>Bailey Gromenz</b>	Inspected by (name and title printed): <b>Amel Begano</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc:

## GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111  
Fax 765-651-2419

DATE: 2/19/24

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 / April Legare from the Grant Co. Health Department on 2-12-24.

Date:                      Action Taken:

See second page

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL/FAX WITHIN 10 DAYS)

Name of Respondent: Rob Scott Title: Director

Establishment Name: Pioneer College Caterers

Address: 4201 S. Washington Marion IN

Attach additional sheets as needed.