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: Waylons Bar	Telephone Number: Establishment 668; Owner 668-8360	Date of Inspection (mm/dd/yr): 11-14-24	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 324 E Charles St	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up: NO	Release Date: 10 days
Owner: Travis Campbell		Summary of Violations: C 1 NC 4 R 1	
Owner's Address: Same		Menu Type (See back of page): 1 __ 2 __ 3 X 4 __ 5 __	
Person in Charge: Travis			
Responsible Person's E-mail: —			
Certified Food Handler: Travis Campbell exp			

• 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
431	NC		Grease on floor around fryer / grill	Today
402	NC	X	Wall behind fryer / grill has grease	
298	NC		Inside microwave soiled (not in use)	
345	C		Hand sink has a plastic pitcher sitting in it - for hand washing only	
324	NC		A couple freezers in back have ice touching product	

Received by (name and title printed): Travis Campbell	Inspected by (name and title printed): Denny Smith
Received by (signature): [signature]	Inspected by (signature): [signature] RS
cc:	cc:

cc: