



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 <i>Waylon's Beer</i>	Telephone Number 703-1068	Date of Inspection (mm/dd/yr) 4-24-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) <i>324 E. Chantilly St.,</i>	Establishment Owner <i>Travis Campbell</i>		
Owner <i>Travis Campbell</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>None</i>	Follow-up <i>ND</i>	Release Date <i>10 days</i>
Owner's Address <i>8114</i>	Summary of Violations: <i>C - NC 4 R 2</i>		
Person in Charge <i>Travis</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i></i>	1 2 3 4 5		
Certified Food Handler <i>Travis Campbell</i>	Apr 11/2029		

• 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"

Received by (name and title printed):

erved by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Received by (signature):


Inspected by (signature):

cc;

cc

CC