



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 <u>Waylons Bar</u>		Telephone Number <u>765</u> Establishment <u>1668-8360</u> Owner	Date of Inspection (mm/dd/yr) <u>4-24-25</u>	ID # <u>27</u>	
Establishment Address (number and street, city, state, ZIP code) <u>324 E Charles St</u>		Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>NO</u>	Release Date <u>10 days</u>	
Owner <u>Travis Campbell</u>		Owner's Address <u>same</u>	Summary of Violations: <u>C - NC 4 R 2</u>		
Person in Charge <u>Travis</u>		Responsible Person's E-mail <u></u>	Menu Type (See back of page) <u>1 2 3 4 5</u>		
Certified Food Handler <u>Travis Campbell</u> <u>exp 10/2029</u>					
• 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	
298	NC	✓	Microwave sealed on inside	Travis	
431	NC	✓	Grease on outside of Fryer - floor		
295	NC		Grease of pizza oven sealed		
430	NC		Hand sink in kitchen doesn't have hot water	ASAP	
Received by (name and title printed): <u>Travis Campbell</u>					Inspected by (name and title printed):
Received by (signature): <u>[Signature]</u>					Inspected by (signature):
cc:		cc:		cc:	