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 Wanlons	**Telephone Number** ( ) Establishment ( ) Owner 668-8300	**Date of Inspection** *(mm/dd/yr)* 3/18/24	**ID #** 24
Establishment Address *(number and street, city, state, ZIP code)* 324 E Charles St Marion			
Owner Travis Campbell	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address Same	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Summary of Violations:** C— NC 2 R—	
Person in Charge Travis		**Menu Type** *(See back of page)* 1 2 3 X 4 5	
Responsible Person's E-mail			
Certified Food Handler James Cramer 7/31/19			

- **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
430	NC		Hand Washing Sink in Kitchen does not have hot water	Today
402	NC		Walls behind grill area heavily coated with grease	5

Received by (*name and title printed*): Travis Campbell

Received by (*signature*):

Inspected by (*name and title printed*): April Legare

Inspected by (*signature*): April Legare

cc: | cc: | cc: