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 Wildcat @ IWU	**Telephone Number** ( ) Establishment 765 677-2310 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 8/29/24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 420150. Washington St. Marion			
Owner Pioneer College Caterers INC	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** / **Release Date** 10 Days	
Owner's Address Same		**Summary of Violations:** C – NC 3 R –	
Person in Charge Tracy			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 3 X 4 5	
Certified Food Handler Rob Scott Issued 5/24/22			

- 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
			CASA No Violations	
			WOK No Violations	
			CHICK-FIL-A No Violations	
			42nd Qdi	
295	NC		Ceiling tiles above serving line need sealed with food safe to include: toaster oven/conveyor, Bread oven - door and side	
298	NC		Stand up freezer #49F - ice on fan	
324	NC		ICE on product, same #49F freezer	

Received by (*name and title printed*): Bailey Gramenz

Received by (*signature*):

Inspected by (*name and title printed*): Amber McCallum Dietary Supervisor

Inspected by (*signature*): 7510

cc: | cc: | cc: