



**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 <b>Wildcat @ Jewu</b>	Telephone Number ( ) Establishment	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <b>4201 S Washington St</b>	Owner <b>607-2310</b>	<b>2-12-24</b>	<b>27</b>
Owner <b>Pioneer College</b>	Purpose: <b>1. Routine</b>	Follow-up	Release Date <b>10 days</b>
Owner's Address <b>Same</b>	2. Follow-up	Summary of Violations: <b>C NC 1 R</b>	
Person in Charge <b>1</b>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail	4. Pre-Operational	<b>1 2 3 X 4 5</b>	
Certified Food Handler <b>Rob Scott 52412</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
			<u>WOK</u>	
			NO VIOLATIONS	
			<u>CHICK-FI-A</u>	
			NO VIOLATIONS	
			<u>CASA</u>	
			NO VIOLATIONS	
			<u>42nd Deli</u>	
308	NC		HVAC VENTS SOILED WITH DUST	Today
			<del>VIOLATIONS</del>	

Received by (name and title printed): <b>Bailed Gramenz</b>	Inspected by (name and title printed): <b>April Lesare Demand</b>
Received by (signature): <b>Bailed</b>	Inspected by (signature): <b>April Lesare Demand</b>
cc:	cc:

## GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111  
Fax 765-651-2419

DATE: 2/19/24

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / April Legare from the Grant Co. Health Department on 2-12-24

Date:	Action Taken:
<u>2/19</u>	<u>HVAC - Work order was put in for maintenance to clean HVAC vents</u>

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL/FAX WITHIN 10 DAYS)

Name of Respondent: \_\_\_\_\_ Title: \_\_\_\_\_  
Establishment Name: Pioneer College  
Address: \_\_\_\_\_