



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**

7-26 Am 5

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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>Wings Etc.</u>	Telephone Number () Establishment <u>765</u> <u>374-6233</u>	Date of Inspection (mm/dd/yr) <u>5/9/25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>1508 Southwestern Ave, Marion</u>			
Owner <u>WFC East INC</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>P - P - C 1</u>	Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner's Address <u>Same</u>	Summary of Violations:		
Person in Charge <u>Hunter</u>			
Responsible Person's E-mail <u>Stephanie King</u>	Menu Type (See back of page)		
Certified Food Handler <u>Stephanie King</u>	1 <u>2</u> 3 <u>4</u> 5		

- 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#	Entered	R	Narrative	To Be Corrected By
306	C (core) NC		<p>The following "non food contact area" is sprayed with dry food debriding dust</p> <ol style="list-style-type: none"> 1. Wall beside hand sink (outside) 2. Cooler inside, containers, outside and handle 3. Prep table across from grill 4. Top of heat lamps 5. Microwave inside/outside 6. Wall in cooler door 7. Ticket machine by office 8. Pizza prep area 	Today

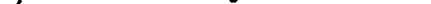
Received by (name and title printed):

(name and title printed) *Arthur Baderheimer*

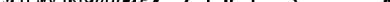
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Uncle Sam's Column

Received by (signature)

natuya: 

Digitized by srujanika@gmail.com

inspected by (signature): 

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