



**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 AMB

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2.4, 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>Winged Ht.</b>	Telephone Number ( ) Establishment <b>765 374-6233</b>	Date of Inspection (mm/dd/yr) <b>5/9/25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1508 Col Western Ave, Marion, IN</b>		Follow-up <b>NO</b>	Release Date <b>10 Days</b>
Owner <b>WFOC East INC</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <b>P - PF - C 1</b>	
Owner's Address <b>Same</b>		Menu Type (See back of page) <b>1 2 X 3 4 5</b>	
Person in Charge <b>Hunter</b>			
Responsible Person's E-mail			
Certified Food Handler <b>Stephanie King pending</b>			

• 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/R	R	Narrative	To Be Corrected By
306	C		The following "non food contact area" is soiled with dry food debris/dust: 1. wall beside hand sink (gully side) 2. Cooler inside, containers, out side heat handle 3. Prep tables across from grill 4. top of heat lamps 5. microwave inside/outside 6. Walk in cooler door 7. ticket machine by office 8. pizza prep area	Today
			*CFH	

Received by (name and title printed): <b>Hunter Bodenheimer</b>	Inspected by (name and title printed): <b>Angela R McCallum</b>
Received by (signature): <i>Hunter</i>	Inspected by (signature): <i>Angela R McCallum</i>
cc:	cc: