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 Wings Etc	**Telephone Number** ( ) Establishment 765 ( ) Owner 374-6233	**Date of Inspection** *(mm/dd/yr)* 4-4-24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1508 S Western Ave Marion	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up** NO	**Release Date** 10days
Owner WEOC East Inc		**Summary of Violations:** C— NC2 R—	
Owner's Address Fort Wayne, In			
Person in Charge Brittany		**Menu Type** *(See back of page)* 1 2 X 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Brittany			

- 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
399	NC		Food & debris on walkin freezer floor	today
295	NC		AREA where sauces are kept soiled with food debris	5

Received by (*name and title printed*): Brittany Schmerlinger

Received by (*signature*): BSchmerlinger

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

Inspected by (*signature*): April Legare

cc: | cc: | cc: