



**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 <i>Wings ETC - WBOC @ Hot Zone</i>	Telephone Number <i>768 Establishment 374 Owner 6233</i>	Date of Inspection <i>1-21-22</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1508 S. Western Ave Marion</i>	Owner <i>Robert Newsman</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>7337 W Jefferson Blvd PT Wayne</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 4 NC 1 R 2</i>	
Person in Charge <i>Scott</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Responsible Person's E-mail	3. Complaint		
Certified Food Handler <i>Scott Meyer - 2020</i>	4. Pre-Operational		
	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
<i>345</i>	<i>C</i>	<i>X</i>	<i>Hand sink in to kitchen - also hand sink at bar area blocked w/ down steps of other sinks.</i>	
<i>173</i>	<i>C</i>		<i>In cooler - cooked wings with a brown plastic dish being used to measure -</i>	<i>Removed</i>
<i>295</i>	<i>NC</i>		<i>outside of microwave & handle - soiled w/ dry food debris.</i>	
<i>136</i>	<i>C</i>	<i>X</i>	<i>Personal drink sitting in cooler next to ready to eat food.</i>	<i>Removed</i>
<i>146</i>	<i>C</i>		<i>Cut veggies +/- 10 containers in walk in Not labeled</i>	<i>Today</i>

Received by (name and title printed): <i>Scott Meyer Jr.</i>	Inspected by (name and title printed): <i>Dean Jones / Scott Meyer</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 1-22-2022

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 / Scott Kikendall from the Grant Co. Health Department on 1-21-22.

DATE:	Action Taken:
<u>1/21</u>	<u>Hand sinks cleaned and signs posted!</u>
<u>1/21</u>	<u>Removed Any NonSpecific Scoopers from both counters</u>
<u>1/22</u>	<u>Every thing DEEP cleaned & wiped</u>
<u>1/22</u>	<u>Labeling strictly enforced</u>

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

Name of Respondent: Scott Meyer Title: Senior Manager
Establishment Name: Wings ETC
Address: 1508 N Western Ave