



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 Wolfs Time Out Tavern		Telephone Number (765) 934-2627	Date of Inspection (mm/dd/yr) 3/14/23	ID # 27
Establishment Address (number and street, city, state, ZIP code) 110 E. Main St., Van Buren		Owner Mark Wolfgang	Follow-up NO	Release Date 10 Days
Owner's Address Same		Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Summary of Violations: C - NC 1 R -	
Person in Charge Cathy		Responsible Person's E-mail	Menu Type (See back of page) 1 2 3 X 4 5	
Certified Food Handler Stephanie Corpeul Exp 12/13/27				
• 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
303	NC		- Missing up to date sticker - Hand System is required to have confirmation on proper cleaning -	ASAP
Received by (name and title printed): Cathy Wolfgang				
Inspected by (name and title printed): Angela M. Hallam				
Received by (signature): Cathy Wolfgang				
Inspected by (signature): Angela M. Hallam				
cc:				