



**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

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-21, 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>Wolfs Time Out Tavern</u>	Telephone Number (937) 362-7600 Establishment	Date of Inspection (mm/dd/yr) <u>7/18/15</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>102 E. Main St., Van Buren</u>	(937) 362-7600 Owner		
Owner <u>Crystal Wolfgang</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u></u>	Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner's Address <u>3pmel</u>	Summary of Violations: <u>P - PF - B 1</u>		
Person in Charge <u>Tiffany</u>	Menu Type (See back of page) <u>1 2 3 X 4 5</u>		
Responsible Person's E-mail <u></u>			
Certified Food Handler <u>Sloshanu Cored</u>			

- 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 “B”