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: Wolfies Time Out Tavern	**Telephone Number** ( ) Establishment: 765	**Date of Inspection** (*mm/dd/yr*): 9/3/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 110 E. Main St., Van Buren	( ) Owner: 934-2627		
Owner: Mark Wolfgang	**Purpose:** 1. Routine (circled)	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: 604 So. 2nd St., Van Buren	2. Follow-up	**Summary of Violations:**	
Person in Charge: Mark / Crystal	3. Complaint	C___ NC 1 R 1	
Responsible Person's E-mail: wolfiestimeoutayahoo.com	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Stephanie Corbett FKP 12/13/27	5. Temporary	1___ 2___ 3 X 4___ 5___	
	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
305	NC	X	Hood system needs cleaned and post date of cleaning on system, sticker	30 Days

Received by (*name and title printed*): Crystal Huston

Received by (*signature*): Crystal Huston

Inspected by (*name and title printed*): Angela R. McCallum

Inspected by (*signature*): Angela R. McCallum 510

cc:	cc:	cc: