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** (765) Establishment 934-2027 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 3/30/24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 110 E Main St. Van Buren			
Owner Mark Wolfgang	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address SAME	2. Follow-up 3. Complaint	**Summary of Violations:** C 1 NC 3 R 1	
Person in Charge Mark Wolfgang	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail N/A	6. HACCP	**Menu Type** *(See back of page)* 1 2 3 X 4 5	
Certified Food Handler Stephanie Corpral 19067660 EXP: 12/13/2027	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		Hood system past the year on cleaning	
191	C		Date mark Dressing bottles / Dressing cups	
138	NC		Employee observed prepping food with no beard restraint	
324	NC	X	Mens urinal Broken due to plumbing issue Noted on last inspection, owner working to Resolve issue	

Received by *(name and title printed)*: MACK K WOLFGANG	Inspected by *(name and title printed)*: Kyle Kellogg Food Inspector
Received by *(signature)*: Mark K Wolfgang	Inspected by *(signature)*: Kyle Kellogg

cc:	cc:	cc: