



**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>Baldwin Center JWU</i>	Telephone Number (Establishment) <i>765</i>	Date of Inspection (mm/dd/yr) <i>9-27-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4201 S. Washington St</i>	Telephone Number (Owner) <i>677 2310</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>Pioneer College Cafeteria Inc</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 1 NC 2 R 1</i>	
Owner's Address <i>303 Glenrose Ave TN</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in Charge <i>Becky</i>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>Lorenzo McClannahan Mar 21, 2020</i>	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
295	C	X	2 plastic bins sitting on rack storing clean utensils, utensils are soiled w/ dried food.	Removed.
295	NC		Following non food contact items is soiled w/ dried food debris 1) In victory cooler trays and cart 2) Blue k paper cart in grill area 3) In kitchen outside of Hobart Mixer	To Day
146	NC		2 plastic bins w/ sugar stored needs labeled	

Received by (name and title printed): <i>Becky Wright FSD</i>	Inspected by (name and title printed): <i>Deann Smith</i>
Received by (signature): <i>Becky Wright</i>	Inspected by (signature): <i>Deann Smith</i>
cc:	cc:

Operator Response to Inspection  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 9/30/2021

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 9-27-21.

DATE:	Action Taken:
<u>9/27/21</u>	<u>All carts + trays are cleaned Hobart mixer cleaned</u>
<u>9/27/21</u>	<u>Plastic Bins are labeled</u>

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

Name of Respondent: Becky Wright Title: FSD

Establishment Name: Pioneer College Caters @ Indiana Wesleyan Univ.

Address: 4207 S Washington, Marion Indiana

Attach additional sheets as needed.