



**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**

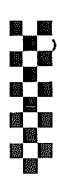
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <i>Buffalo Wild Wings #3357</i>	Telephone Number <i>768 Establishment (673) 757</i>	Date of Inspection <i>11-8-19</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1129 N Baldwin Ave Marion</i>	Owner <i>Pacific Bells</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i> Release Date <i>10 days</i>
Owner's Address <i>111 W 37th St WA</i>	Person in Charge <i>Cassandra Kimmel</i>	Summary of Violations: <i>C1 NC2 R2</i>	
Responsible Person's E-mail <i>N/A</i>	Certified Food Handler	Menu Type (See back of page) <i>1 2 3 X 4 5</i>	

- 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
<i>295</i>	<i>C</i>		<i>Soiled tongs under grill - not in use left from night shift</i>	<i>Today</i>
<i>295</i>	<i>NC</i>		<i>The following "Non food" contact items is soiled w/ dried food etc.</i>	
		<i>X</i>	<i>1) outside of the sauces - metal</i>	
		<i>X</i>	<i>2) metal prep table holding to go trays</i>	
<i>431</i>	<i>NC</i>	<i>X</i>	<i>FW between fryers - grease build up</i>	

Received by (name and title printed): <i>Cassandra Kimmel</i>	Inspected by (name and title printed): <i>Devin Small PSD</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature] PSD</i>
cc:	cc:



Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: ~~11/12/19~~ 11/12/19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 11-8-19.

DATE: 11/12/19 Action Taken:

295 - C - Pulled tongs and cleaned spoke to HOH to make sure they are cleaned every night.

295 - NC - cleaned all sauce containers and coached AOH to clean regularly.

431 - NC - Pulled fryers & cleaned between & behind coached AOH to focus on this area when pulling fryers out @ Night.

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

Name of Respondent: Cassandra Kimmel Title: GM

Establishment Name: Buffalo Wild Wings

Address: 1129 N Baldwin Ave. Marion IN.

• Attach additional sheets as needed.