



**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<br><i>Buffalo Wild Wings # 3357</i>  | Telephone Number<br><i>916</i> Establishment<br><i>617</i> Owner <i>8757</i> | Date of Inspection<br>(mm/dd/yr)<br><i>6-3-19</i>   | ID #<br><i>27</i>  |
| Establishment Address (number and street, city, state, ZIP code)<br><i>1129 N Baldwin Ave</i> | Owner<br><i>Pacific Bells</i>  | Purpose:<br><input checked="" type="checkbox"/> 1. Routine<br><input type="checkbox"/> 2. Follow-up<br><input type="checkbox"/> 3. Complaint<br><input type="checkbox"/> 4. Pre-Operational<br><input type="checkbox"/> 5. Temporary<br><input type="checkbox"/> 6. HACCP<br><input type="checkbox"/> 7. Other (list) | Follow-up<br><i>NO</i><br>Release Date<br><i>10 days</i> |
| Owner's Address<br><i>111 W 39th St Vancouver WA</i>  | Person in Charge<br><i>CASSANDRA KIMMEL</i>                                  | Summary of Violations:<br><i>C - NC 2 R -</i>   |  |
| Responsible Person's E-mail<br><i>N/A</i>   | Certified Food Handler<br><i>CASS Andrew Oliver exp 2022</i>                 | Menu Type (See back of page)<br><i>1 2 3/4 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>NC</i> |   | <i>Following "Now food" Contact items is soiled</i><br><ul style="list-style-type: none"> <li><i>1) outside of Sauce pumps</i></li> <li><i>2) handles on ALL drawers</i></li> <li><i>3) metal rack holder hanging on wall w/ sauces</i></li> </ul> |                    |
| <i>431</i> | <i>NC</i> |   | <i>Flooring in kitchen to include under equipment - is soiled.</i>   |                    |
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|--|---|
| Received by (name and title printed):<br><i>Cassandra Kimmel</i> | Inspected by (name and title printed):<br><i>Dean Smith FST</i> |
| Received by (signature):<br><i>C. Kimmel</i>                     | Inspected by (signature):<br><i>Dean Smith FST</i>              |
| cc:  | cc:   |