



**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>765</i> Establishment <i>673-0157</i> Owner	Date of Inspection (mm/dd/yr) <i>5/19/21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1129 N Balkan Ave Marion</i>	Owner <i>Pacific Bells LLC</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>Vancouver WA</i>	Person in Charge <i>Bobby</i>	Summary of Violations: <i>C 1 NC 3 R</i>	
Responsible Person's E-mail	Certified Food Handler <i>Bobby Miral exp 2025</i>	Menu Type (See back of page) <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
138	NC		Man walking w/o beard guard	<i>To Boy</i>
295	NC		Following "Non Food" Contact items is soiled w/ dried food & or sauces 1) Top of Floor Caster in Kitchen 2) Tops & sides of dipping SAUCES 3) waitress station - cooler door & handle	
295	C		Back by 3 bay sink dishes on rack stored clean but has dried food on plates	
431	NC		Flooring to include under equipment soiled w/ food & debris	

Received by (name and title printed): <i>Robert Miral</i>	Inspected by (name and title printed): <i>Deann Smith RSH</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

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

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: _____

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 and/or Scott Kikendall at the Grant Co. Health Department on 5-19-21.

DATE:	Action Taken:
5/19/21	138 (NC) Coached team members to wear beard guard or shave beard.
295 (NC)	cleaned all areas (non food) and coached team to keep clean.
295 (C)	coached team on how to properly wash dishes and clean all debris off dishes and sanitize.
431 (NC)	Pulled out all equipment and swept underneath all equipment and mopped.

Name of Respondent: Cassandra Kimmel Title: General Manager.

Establishment Name: Buffalo Wild Wings.

Address: 1129 N Baldwin Ave # 35. Marion, IN. 46953.