



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.

Form header section containing: Establishment Name (Iwu - Marios Italian), Telephone Number (765 677 7231), Date of Inspection (9/10/19), ID # (27), Establishment Address (4201 S Washington St. Marion), Owner (Pioneer College Catering), Owner's Address (303 Glenrose Ave Nashville TN), Person in Charge (James Lipetri), Responsible Person's E-mail (N/A), Certified Food Handler (James Lipetri), Purpose (1. Routine), Follow-up (No), Release Date (9/20/19), Summary of Violations (C, NC, R), Menu Type (1, 2, 3, 4, 5).

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 431, NC, X, THE FLOORS UNDER ALL EQUIPMENT INCLUDED, TODAY. Row 2: 129, C, , EMPLOYEE PUTTING ON GLOVES WITHOUT FIRST WASHING HANDS, TODAY.

Received by (name and title printed): James Lipetri Director; Inspected by (name and title printed): R Dale Carr - FSD; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: []

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 9/16/19

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
R. Dale Carr-FSIO / ~~Traci Little-FSIO~~ from the Grant Co. Health Department on 9-10-19.
DEAN SURAI

DATE: 9/10/19 Action Taken:

Baldwin three critical violation lack of sanitizers buckets in kitchen location
Soiled hand Sinks and Contact Surfaces Soiled
Insurvice with Management team and Staff proper Cleaning and Sanitizing procedures
Management team to inspect staff prior to their end of day

Name of Respondent: James Kipete Title: Director

Establishment Name: Pioneer College Cafeteria, Inc

Address: 4201 S. Washington Marion 46953