



**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 MARIO'S - IWL4	Telephone Number (705) 677-3310	Date of Inspection (mm/dd/yr) 2-25-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4201 SOUTH WASHINGTON ST.	() Owner	Follow-up NO	Release Date 3-7-19
Owner PIONEER COLLEGE CATERING	Purpose: 1. Routine <input checked="" type="radio"/>	Summary of Violations: C 1 NC 3 R 0	
Owner's Address 303 GLENROSE AVE NASHVILLE TN	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Menu Type (See back of page) 1 2 X 3 4 5	
Person in Charge Becky Wright			
Responsible Person's E-mail N/A			
Certified Food Handler JAMES LIPETRI			

- 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
310	NC		THE HOOD SYSTEM ABOVE THE DEEP FRYERS SOILED WITH LINT, GREASE AND OTHER DEBRIS.	TODAY
295	NC		following non-food contact SURFACES SOILED WITH GREASE, LINT & OTHER FOOD DEBRIS. 1) TABLE NEXT TO DEEP FRYER 2) SIDES OF DEEP FRYER 3) ALL REFRIGERATOR DOORS HANDLES & INSIDE SHELVES 4) TURBO CHEF OVEN INSIDE/OUT	TODAY
295	C		IN CLEAR CONTAINER ON RACK BY 3-BAY clean utensils stored in soiled CLEAR plastic container, ALSO ON PREP table ACROSS FROM DEEP FRYERS, CLEAN UTENSILS STORED IN SOILED METAL BOWL	TODAY
431	NC		THE FLOOR UNDER DEEP FRYERS, prep tables, INCLUDING ALL OF MARIO'S FLOORS	TODAY

Received by (name and title printed): X Becky Wright, Asst. Food Service	Inspected by (name and title printed): R Dale Gant - FSD
Received by (signature): X Becky Wright	Inspected by (signature): R Dale Gant - FSD
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 3/1/19

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 Dale Carr / Dean Small from the Grant Co. Health Department on 2-25-19.

DATE: Action Taken:

<u>2/26/19</u>	<u>Hood system above deep fryer in Marion's cleaned.</u>
<u>2/26/19</u>	<u>Non-Food contact surfaces cleaned in Marion's</u>
<u>2/26/19</u>	<u>Soiled clear container w/ utensils removed</u>
<u>3/1/19</u>	<u>Floors in Marion's around deep fryer, prep tables, etc cleaned!</u>

Name of Respondent: Becky Wright Title: Asst Food Service Director

Establishment Name: Pioneer College Caterers @ Indiana Wesleyan U

Address: 401 S Washington Marion Ind