



**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 PIONEER CATERING - BALDWIN	Telephone Number 765 677 7310	Date of Inspection (mm/dd/yr) 9/10/19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4201 S WASHINGTON ST. - MARION	() Owner		
Owner PIONEER CATERING	Purpose: 1. Routine	Follow-up YES	Release Date 9/20/19
Owner's Address 303 GLEN ROSE AVE - NASHVILLE TN	2. Follow-up	Summary of Violations: C 3 NC 2 R 4	
Person in Charge JAMES LIPETRI	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail N/A	4. Pre-Operational	1 2 3 X 4 5	
Certified Food Handler JAMES LIPETRI	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
295	C		THE FOLLOWING "FOOD" CONTACT SURFACES SOILED WITH FOOD DEBRIS	TODAY
			1) MEAT SLICER X 2	}
		X	2) CLEAR CONTAINERS - HAS SOILED UTENSILS	
		X	3) PIZZA AREA 2 SOILED CONTAINERS w/ CLEAN UTENSILS	
		X	4) 2 BLACK BOWLS - SOILED WITH FOOD DEBR - STORED AS CLEAN	
295	NC		THE FOLLOWING "NOW-FOOD" CONTACT SURFACES SOILED WITH FOOD DEBRIS	TODAY
			1) BASE OF ALL CANN OPENERS	}
		X	2) ALL BUS CARTS	
			3) CUP RACKS	
			4) ALL DISPLAY CASES IN DESSERT AREA	
			5) ALL SNEEZE GUARDS	
345	C		SOILED HANDSINKS IN WAREWASHING, DESSERT AREA, FRYER LINE	TODAY
431	NC		THE FLOOR SOILED WITH GREASE AND FOOD DEBRIS ALL THROUGH THIS FACILITY UNDER ALL EQUIPMENT	TODAY
294	C		NO SANITIZER MADE IN SEVERAL KITCHEN LOCATIONS	TODAY

Received by (name and title printed): James Lipetri, Director	Inspected by (name and title printed): Ralph Ginn - FSD
Received by (signature): 	Inspected by (signature):
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 9/10/19

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 / ~~Facility #~~ FSIO from the Grant Co. Health Department on 9/10/19.
DEAN Small

DATE:	Action Taken:
<u>9/10/19</u>	<u>MARIO'S Floor Under equipment - Interview with Management team and Staff</u>
	<u>Proper Cleaning procedures</u>
	<u>Employee Glove usage - Instruction Interview proper glove usage</u>
	<u>and handling</u>

Name of Respondent: James Kipete; Title: Director

Establishment Name: Pioneer College Careers, Inc.

Address: 4201 South Washington Marion 46953