



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 with fields: Establishment Name (Pioneer College Catering - Store), Telephone Number (708 Establishment, 677-2310 Owner), Date of Inspection (9-10-19), ID # (27), Establishment Address (4201 South Washington), Owner (Pioneer College Catering), Owner's Address (303 Glenrose Ave TN), Person in Charge (James Lipatci), Responsible Person's E-mail, Certified Food Handler (N/A), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list)), Follow-up (NO), Release Date (10 days), Summary of Violations (C NC R), Menu Type (1/0 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. Contains handwritten text: No violations.

Received by (name and title printed): James Lipatci Director; Inspected by (name and title printed): Dean Hoff P.E.O.; Received by (signature): James Lipatci; Inspected by (signature): Dean Hoff P.E.O.; cc: fields.