



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 (Waylons Bar), Telephone Number (765 Establishment), Date of Inspection (10-23-20), ID # (27), Establishment Address (324 E Charles St Marion), Owner (Thomas Helling), Owner's Address (2888 Bocock Rd Marion), Person in Charge (Peggy), Responsible Person's E-mail, Certified Food Handler (James Cremer Exp 7-2024), Purpose (1. Routine), Follow-up (NO), Release Date (16 days), Summary of Violations (C 1 NC 3 R 2), 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. Contains handwritten entries for violations 298, 191, 295, and 234.

Signature section: Received by (name and title printed) Peggy Trester, Inspected by (name and title printed) Scott Klenowski / Dean Small, Received by (signature), Inspected by (signature) Scott Klenowski / Dean Small.

cc: section with three empty fields for distribution list.