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 Waylons Bar	**Telephone Number** (Not) Establishment ( ) Owner 251-2133	**Date of Inspection** (mm/dd/yr) 7-1-21	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 324 E Charles St. Marion			
Owner Peggy Hetting	**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
Owner's Address 2888 Pocock Rd Marion		**Summary of Violations:** C 1 NC — R 1	
Person in Charge Peggy			
Responsible Person's E-mail N/A		**Menu Type** (See back of page) 1 2 3 4 5	
Certified Food Handler James Cramer exp 7-2024			

- 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
191	C	X	Refrigerator in Kitchen has several Items/containers that need labeled and Date marking	Today
		*	Need test Strips for Sanitizer	

Received by (name and title printed): Peggy Hetting Pres	Inspected by (name and title printed): Scott Likendall / Dean Small
Received by (signature): [signature]	Inspected by (signature): Scott Likendall FSO / [signature]
cc:	cc: