



**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 <u>Waylows Bar</u>	Telephone Number <u>(705) Establishment</u>	Date of Inspection (mm/dd/yr) <u>11-10-21</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>324 E Charles St Marion</u>	Owner <u>(251-2133)</u>		
Owner <u>Peggy Hetting</u>	Purpose: <u>(1. Routine)</u>	Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner's Address <u>2888 Bocock Rd Marion</u>	2. Follow-up	Summary of Violations: <u>C2 N2 R1</u>	
Person in Charge <u>Danielle</u>	3. Complaint		
Responsible Person's E-mail <u></u>	4. Pre-Operational	Menu Type (See back of page) <u>1 2 3 X 4 5</u>	
Certified Food Handler <u>James Cramer</u>	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
191	C	X	Refrigeration in kitchen has several items in bags and containers that need labeled and date marked chicken - vegetables *IF NOT DONE SUBJECT TO FINE	Today
295	NC		nacho machine on inside is heavily soiled with food debris	
291	NC		Chemical test strips not provided	
171	C		Employee cutting ready to eat food with no gloves (lettuce)	

Received by (name and title printed): <u>Danielle St Michel</u>	Inspected by (name and title printed): <u>Scott K Kendall</u>
Received by (signature): <u>Danielle St Michel</u>	Inspected by (signature): <u>Scott Kendall FSD</u>
cc:	cc: