



**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 Wild cat - CHICK-Filet only-IWW	Telephone Number 765-677-7210	Date of Inspection (mm/dd/yr) 7-19-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4201 S WESTERN AVE - MARION	() Owner	Follow-up NO	
Owner DIONEER CATERING	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) REMODEL	Release Date 7-29-19	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>
Owner's Address 303 GLEN ROSE AVE - NASHVILLE TN	Person in Charge Brad Linn	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Responsible Person's E-mail N/A	Certified Food Handler JAMES LI PETRI		

- 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
			REMODEL APPEARS COMPLETE OK TO OPEN	
			SIGNED BY CONTRACTOR	
			James Lipetri	

Received by (name and title printed): X Brad Linn Superintendent	Inspected by (name and title printed): R Dale Carr - F&D
Received by (signature): X Brad Linn	Inspected by (signature): R Dale Carr - F&D
cc:	cc: