



**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 WILDCAT - IWW	Telephone Number 765 677 2110	Date of Inspection (mm/dd/yr) 2-25-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4201 S WASHINGTON ST	() Owner		
Owner PIONEER CATERING	Purpose: 1. Routine	Follow-up NO	Release Date 3-7-19
Owner's Address 303 GLENROSE AVE NASHVILLE TN	2. Follow-up	Summary of Violations: C - NC 7 R 2	
Person in Charge DEB O'CONNOR	3. Complaint		
Responsible Person's E-mail N/A	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler JAMES LIPETRI	5. Temporary	1 ___ 2 ___ 3 X 4 ___ 5 ___	
7. HACCP 7. Other (list)			

2/28/19
WOM

• 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
			"WOK"	
431	NC	X	FLOOR AROUND AND UNDER DEEP FRYERS & GRILL ARE SOILED WITH A DARK RESIDUE	TODAY
245	NC		WET, SOILED CLOTHS LAYING ON PREP TABLE	TODAY
			"CASA"	
245	NC		WET, SOILED CLOTHS LAYING ON BUS CART	TODAY
303	NC		METAL PANS STORED AS CLEAN, DID NOT GET AIR DRIED AFTER WASH, RINSE, SANITIZE THEN AIR DRY	TODAY
			"CHICK-FILET"	
295	NC		INSIDE THAW CABINET TO INCLUDE SHELVING HAS SPILLAGE AND/OR BLOOD.	TODAY
431	NC	X	FLOORING OVER BY HAND SINK - FLOOR IS SOILED w/ debris	TODAY
			- Deli -	
295	NC		INSIDE FLOOR COULEN NEEDS WIPED/CLEAN THOROUGHLY	TODAY

Received by (name and title printed): Debra O'Connor	Inspected by (name and title printed): R Dale Carr - FSD / DEAN SMALL FSD
Received by (signature): Debra O'Connor	Inspected by (signature): R Dale Carr - FSD / DEAN SMALL FSD
cc:	cc:

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 3/1/19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 2-25-19.

DATE:	Action Taken:
<u>2/26/19</u>	<u>WOK - soiled towels removed</u>
<u>3/1/19</u>	<u>Floors around deep fryer cleaned</u>
<u>2/26/19</u>	<u>Casa - soiled towels removed</u>
<u>3/1/19</u>	<u>Chick Fil A - Thaw cabinet cleaned - floor cleaned</u>
<u>3/1/19</u>	<u>Deli - Floor cooler cleaned</u>

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Becky Wright Title: Asst. Food Service Director

Establishment Name: Pioneer College Cafeteria @ Indiana Wesleyan U

Address: 401 S Washington, Marion Indiana

- Attach additional sheets as needed.