



**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 <i>Wildcat - JWU</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>2-11-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4201 S. Washington St.</i>	Telephone Number <i>(765) Owner</i> <i>677-2110</i>		
Owner <i>Pioneer Catering</i>	Purpose: <u>1. Routine</u>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>303 Glenrose Ave Nashville TN</i>	2. Follow-up	Summary of Violations: <i>C 0 NC 4 R 2</i>	
Person in Charge <i>Becky</i>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <i>Becky Wright - exp 1/2021</i>	5. Temporary	1 <u>  </u> 2 <u>  </u> 3 <u>X</u> 4 <u>  </u> 5 <u>  </u>	
	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
			<i>WOK -</i>	
<i>295</i>	<i>NC</i>	<i>X</i>	<i>counter of hot AREA is soiled w/ placed food. Also top of 2 burner stove soiled. The work on outside has dried food debris</i>	<i>Today</i>
			<i>CASA -</i>	
<i>295</i>	<i>NC</i>		<i>The following 'New food' containers items is soiled - 1) handles on all coolers 2) Busb cart in walk in</i>	
<i>431</i>	<i>NC</i>		<i>Flooring under/behind fryers soiled.</i>	
<i>431</i>	<i>NC</i>	<i>X</i>	<i>- Chick fillet - Flooring behind fryers &amp; under has grease &amp; food.</i>	
			<i>- Deli - No violations</i>	

Received by (name and title printed): <i>Becky Wright, Director</i>	Inspected by (name and title printed): <i>Debra Small FSD D. Coyle FSD</i>
Received by (signature): <i>Becky Wright</i>	Inspected by (signature): <i>Debra Small FSD P. Johnson FSD</i>
cc:	cc: