



**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>Wings ETC</i>	Telephone Number <i>977</i> Establishment <i>374-6233</i> Owner	Date of Inspection (mm/dd/yr) <i>8-17-21</i>	ID # <i>21</i>
Establishment Address (number and street, city, state, ZIP code) <i>1508 S. Western Ave</i>	Owner <i>W60E EAST INC</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>7337 W Jefferson Blvd Ft. Wayne</i>	Purpose: <input checked="" type="radio"/> Routine	Summary of Violations: <i>C 2 NC 4 R 1</i>	
Person in Charge <i>Scott</i>	2. Follow-up	Menu Type (See back of page)	
Responsible Person's E-mail	3. Complaint	1 <u>  </u> 2 <u>X</u> 3 <u>1</u> 4 <u>  </u> 5 <u>  </u>	
Certified Food Handler <i>Travis Walker exp 2022</i>	4. Pre-Operational		
	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
138	NC	X	Hair Restraint - Employee cooking No hair restraint also 3 guys prep/cook no beard/guards	Today
345	C		Hand sink up front has food debris Dont use as a prep sink only to wash hands	Today
298	NC		3 microwaves (None in use) crevices inside & outside to include handles	}
402	NC		Wall next to ware washing soaked w/ dirty food.	
136	NC		Personal drink sitting on prep table w/ No lid.	
295	NC		Serving Tray holding single service items is spoiled w/ dirty food.	

Received by (name and title printed): <i>Scott Meyer</i>	Inspected by (name and title printed): <i>Scott Kendall / Pen Sneed</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: 8/22/2021

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

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 8-17-21.

DATE:	Action Taken:
<u>8/17/2021</u>	<u>- Got all kitchen staff to wear hairnets,</u> <u>- Clarified with staff hand washing is for that</u> <u>only</u>
<u>8/18/2021</u>	<u>- Microwaves deep cleaned and made a priority</u>
<u>8/19/2021</u>	<u>- Wash all walls</u> <u>- All personal drinks sat below service tables</u> <u>- Cleaned Gray tray and added to daily list.</u>

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

Name of Respondent: Scott Meyer Title: Senior Manager

Establishment Name: Wings ETC

Address: 1508S Western Ave, Marion, IN