



**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>Wolfs Time Out Tavern</i>	Telephone Number <i>934 2627</i>	Date of Inspection (mm/dd/yr) <i>3-11-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>110 E MAIN ST Van Buren</i>	Owner <i>Mark Wolfgang</i>	Follow-up <i>—</i>	Release Date
Owner's Address <i>8975 E 200 N Marion</i>	Person in Charge	Summary of Violations:  <i>C — NC — R —</i>	
Responsible Person's E-mail	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Menu Type (See back of page)  <i>1 2 3 4 5</i>	
Certified Food Handler <i>Mark Wolfgang</i>	<ul style="list-style-type: none"> <li>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul>		

Section#	C/N/C	R	Narrative	To Be Corrected By
			- All ceiling tile to be in place	
			- Any term missing has to be replaced	
			- test strips for tablets at bar also strips for 3 bay sink.	
			- hot water in all areas must temp 100° or above.	
			- Bar mgr - Robin Freeman	
			- Any equipment not being used or broke must be hauled away.	
			<i>* OK to open 3-12-2019 *</i>	

Received by (name and title printed): <i>Robin Freeman</i>	Inspected by (name and title printed): <i>Dean Small FSD</i>
Received by (signature): <i>Robin Freeman</i>	Inspected by (signature): <i>Dean Small FSD</i>
cc:	cc: