



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.

Form with fields: Establishment Name (Wolfies Time Out Tween LLC), Telephone Number (965) Establishment, Date of Inspection (6-9-21), ID # (27), Establishment Address (110 E MAIN ST UAW Bldg), Owner (Mark Wolfgang), Owner's Address (604 S 2nd St), Person in Charge (Crystal), Responsible Person's E-mail, Certified Food Handler (Mark Wolfgang exp 3/2024), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Summary of Violations (C NC R), Menu Type (1 2 3 4 5).

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: NO VIOLATIONS ON THIS INSPECTION

Received by (name and title printed): Crystal Huston
Received by (signature): Crystal Huston
Inspected by (name and title printed): Dawn S... / Scott Kendall
Inspected by (signature): Dawn S... / Scott Kendall