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 Wolfies Time Out Tavern	**Telephone Number** (765) Establishment (934 2627 Owner	**Date of Inspection** *(mm/dd/yr)* 2-24-20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 110 E Main Van Buren			
Owner Mark Wolfgang	**Purpose:** 1. Routine	**Follow-up** No	**Release Date** 10 days
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC 1 R___	
Person in Charge Mark	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1___ 2___ 3 X 4___ 5___	
Certified Food Handler Mark Wolfgang exp 5-2024			

- 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
399	NC		In cooler Cmd board on shelving - must be smooth - easy cleanable	Today

Received by (*name and title printed*):
Mark K Wolfgang

Received by (*signature*):
Mark K Wolfgang

Inspected by (*name and title printed*):
Dean Small FSP

Inspected by (*signature*):
Dean Small FSP

cc: cc: cc: