



**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 PIONEER CATERING - WILDCAT	Telephone Number 765 677 2110	Date of Inspection 4-24-17	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4201 S. WASHINGTON ST. MARION	() Owner	Follow-up NO	Release Date 5-3-17
Owner PIONEER CATERING	Purpose: 1. Routine	Summary of Violations: C - NC 2 R -	
Owner's Address 303 GLENROSE AVE NASHVILLE TN	2. Follow-up	Menu Type (See back of page)	
Person in Charge JAMES LIPETRI	3. Complaint	1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail N/A	4. Pre-Operational		
Certified Food Handler JAMES LIPETRI	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
			"WOK"	
			NO VIOLATIONS AT THIS INSPECTION	
			"CASA"	
255	NC		THE FOOD THERMOMETER WHEN CHECKED TODAY WAS NOT CORRECTLY CALIBRATED (IE: DIGITAL IS 40°F, THEIR MANUAL 30°F)	
			"CHICK-FILET"	
			NO VIOLATIONS AT THIS INSPECTION	
			"SUB SHOP"	
295	NC		THE SMALL OVEN RACK, ROLLERS, & INSIDE HANDLES SOILED WITH DRIED FOOD DEBRIS, 2) ALSO THE MCCALL (RIC) REACH IN COOLER HANDLES SOILED WITH DRIED FOOD DEBRIS.	TODAY

Received by (name and title printed): James Lipetri Director	Inspected by (name and title printed): Rosalynn - FSTO / TRACI LITTLE - FSTO
Received by (signature): <i>James Lipetri</i>	Inspected by (signature): <i>Rosalynn / Traci Little</i>
cc:	cc:

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 4/26/17

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 R. Dale Carr-FSIO from the Grant Co. Health Department on 4-24-17.

TRACI LITTLE - FSIO

DATE: Action Taken:

DATE:	Action Taken:
<u>4/25/17</u>	<u>Re-calibrated thermometer and held an in-service how to Calibrate</u>
	<u>Toaster oven 92nd Street Deli Retraining breakdown and cleaning of internal rollers -</u>
	<u>Focus cleaning door handles of Cooler doors.</u>

Name of Respondent: James Lipatei Title: Food Service Director

Establishment Name: Pioneer College Cafeterias, Inc. @ Indiana Wesleyan University

Address: 4201 S. Washington Marion In 46953

Attach additional sheets as needed.