



**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>Pioneer Catering - Mario's</i>	Telephone Number <i>(765) 231-2310</i> <small>( ) Establishment ( ) Owner</small>	Date of Inspection <i>4-24-17</i> <small>(mm/dd/yr)</small>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4201 S Washington St. Marion</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Pioneer Catering</i>	Summary of Violations: <i>C O N C L R O</i>		
Owner's Address <i>303 Glenrise Ave., Nashville TN</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>		
Person in Charge <i>James Lipetri</i>			
Responsible Person's E-mail <i>-</i>			
Certified Food Handler <i>James Lipetri</i>			

• 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
<i>295</i>	<i>NC</i>		<i>The Victory reach-in freezer handles were soiled w/ old food debris.</i>	<i>T8day</i>

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

Operator Inspection Response  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

Phone: 765-661-2401  
Fax: 765-661-2419

DATE: 4/26/17

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

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Traci Little from the Grant Co. Health Department on 4-21-17.

DATE:	Action Taken:
<u>4/25/17</u>	<u>Deep cleaning of Ice Maker, Ice emptied and tossed. Clean and Sanitize Inside of Ice bin.</u>
	<u>Instruction with staff to clean as you go clean spills as they happen - Clean and Sanitize the Complete Surface of Equipment</u>
	<u>In-Service focusing on 3-bay Sink procedure, cleaning Containers Remove after use, Clean outside of Storage bins.</u>
	<u>In-Service cleaning staff and beverage attendant - proper handling of milk cartons and Refilling paper towels</u>

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

Name of Respondent: James Lipetri Title: Food Service Director

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

Address: 4201 S. Washington Marion In 46953

- Attach additional sheets as needed.