



**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 - Iwu BALDWIN	Telephone Number 765/677-310	Date of Inspection 10/16/18	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4201 S WASHINGTON ST. MARION	() Owner	Follow-up No 10/15/18	Release Date 10/15/18
Owner PIONEER CATERING	Purpose: 1. Routine	Summary of Violations: C 3 NC 1 R 1	
Owner's Address 303 GLENROSE AVE NASHVILLE TN.	2. Follow-up	Menu Type (See back of page) 1 2 3 X4 5	
Person in Charge JAMES LIPETRI	3. Complaint		
Responsible Person's E-mail NA	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
295	C		THE FOLLOWING "FOOD CONTACT" SURFACES ARE SOILED WITH OLD FOOD DEBRIS	TODAY
		X	1) 2-MANUAL CAN OPENER BLADES / BASE	
			2) PAWS (COOKING) ON RACK BY WALK-IN COOLER	
295	NC		THE FOLLOWING "NON-FOOD CONTACT" SURFACES ARE SOILED WITH OLD DRIED FOOD DEBRIS	TODAY
			1) ALL BUS CARTS (PLASTIC / FIBERGLASS)	
			2) PIZZA AREA TABLE & SNEEZE GUARD & BOTTOM WARMERS	
345	C		HANDSINK SOILED WITH OLD DRIED FOOD DEBRIS	TODAY
189	C		ONE PIZZA AREA, OTHER IN DESERT AREA IN WALK-IN COOLER CHILI AT 43°F AND 2 TYPES PASTA 44° / 45° ARE NOT BEING COOLED PER CODE CURRENT TEMP TO 70°F THEN 7-3 COOLER UNDER 41° OR AT 41°F (THESE ARE IN 6" TO 8" CONTAINERS)	TODAY

Received by (name and title printed): X James Lipetri Director	Inspected by (name and title printed): R. D. Carter - FSD
Received by (signature): X James Lipetri	Inspected by (signature): R. D. Carter FSD
cc:	cc:

Operator Inspection Response
State Form 80047 (2-01)

Baldwin

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 10/27/2018

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 / Dean Small from the Grant Co. Health Department on 10/26/18.

DATE: Action Taken:

- 10/26 - Cleaning Issues: Con openers, Coats, bottom of Cookers, floor behind prep table and under fryers.
- Training of Staff and managers proper cleaning procedures and use of close down check list. - Training New Staff and following up to insure proper completion
- Hand Sinks - Couple Sinks were not clean. Instruct Service personnel to clean as they go
- Couple of Items not packed properly - Instruct Staff proper food handling - Schedule Regular Safety meeting with Staff on proper food handling and cleaning procedures

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

Name of Respondent: James Lopez Title: Director

Establishment Name: Pioneer College Cafeteria, Inc @ Indiana Wesleyan University

Address: 4201 S. Washington Marion IN

• Attach additional sheets as needed.