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 (Establishment) ( ) (Owner) 677-2110	Date of Inspection (mm/dd/yr): 10-26-18	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 4201 S. Washington St.			
Owner: Pioneer Catering	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up: NO	Release Date: 10 days
Owner's Address: 303 Glenrose Ave Nashville TN		Summary of Violations: C 2 NC 7 R 1	
Person in Charge: James Lipetri			
Responsible Person's E-mail: N/A		Menu Type (See back of page): 1 2 3 X 4 5	
Certified Food Handler: James Lipetri			

• 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
			CASA	
295	C		The following "food contact" items stored clean but found soiled dried food D utensils in metal pan - bottom of pan food debris	Today
295	NC		Teriyaki Sauce on the outside of storage bin in the walk in cooler.	Today
191	C		No date marking on hamburger in walk in cooler	Today
295	NC		Plastic carts used for moving food All are soiled w/ dried food debris Clean nightly!	Today
246	NC		Single glove usage used and placed on prep table	Corrected.
431	NC		Under Hobart grill soiled w/ dried food	Today

Received by (name and title printed): James Lipetri Director	Inspected by (name and title printed): Dean Small PSB
Received by (signature): James Lipetri	Inspected by (signature): Dean Small PSB
cc:	cc: / cc:

NARRATIVE REPORT

Establishment Name	Address	Inspection Date
Wildcat	4201 S. Washington St	10-26-18

Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			- WOK -	
294	C		Sanitizer in pale tested Ø ppm	Corrected
431	NC		Floor under deep fryers soiled w/ grease & food	Today
295	NC		Hot holding unit on inside at bottom soiled w/ food debris	Today
			Chick-fil-A	
431	NC		Floor in between fryers - grease & food debris	Today
			Deli - Subshop	
295	NC		Cooler handles soiled w/ dried food debris	Today
			- Marios -	
294	C		Sanitizer at the 3 bay sink tested Ø ppm.	Today
431	NC		Floor under fryers has grease & food debris	Today

Received By (Name & Title)	Inspected By (Name & Title)	Page 2 of 2
James Lynch Director	Dean Farrell - FSE	

State Form 48621 (R2 / 8-05)

Operator Inspection Response
State Form 80047 (2-01)

Wildcat

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 10/26/2018

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 - Sweep Cleaning issues, floor, seals, bottom of Coolers
- Training In-services with Staff and Managers - proper Cleaning procedures and proper use of Cleaning Check lists
- Date Marking - follow up with Staff instructing proper labeling
- Sanitizer - again training Staff proper procedures and use of test papers
- Glove usage - Remind to new and all Staff proper glove usage

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

Name of Respondent: James Lipstr. Title: Director

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

Address: 4201 S. Washington Marion IN.

- Attach additional sheets as needed.