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~~ 26, 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 Buffalo Wild Wings 3357	**Telephone Number** (765) Establishment 673 Owner 0757	**Date of Inspection** *(mm/dd/yr)* 9-9-2025	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1129 N Baldwin Ave			
Owner Wingnew V LLC	**Purpose:** 1. Routine 2. Follow-up from 9-8 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** NO	**Release Date** 10 days
Owner's Address Vancouver WA		**Summary of Violations:** P- pf 1 c 4 R 1	
Person in Charge Cassandra			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 3 4 5	
Certified Food Handler Cassandra Kimmel 5-2021			

- 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#	~~Core~~	R	Narrative	To Be Corrected By
442	C	X	Broken/Missing floor tiles throughout Kitchen	45 days
443	C		Underneath fries - dried food & grease	Today
306	C		Cold shadowdrawers have dried food in them	
431	C		Dust on ceiling in Kitchen	
306	PF		Metal sheet pans stored clean on metal rack has dried food on them	
			OK to Reopen from Vent issue on 9-8-25	

Received by *(name and title printed)*: Cassandra Kimmel GM.	Inspected by *(name and title printed)*: Dan Snell
Received by *(signature)*:	Inspected by *(signature)*: Dan Snell FSTO
cc:	cc:
	cc:

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

foods@Grantcounty.net

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 9/11/25

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 9-9-25

DATE ACTION TAKEN

9/9 - 443 - Under fryers food + Grease, Cleaned that day and added to cleaning list
9/9 - 306 Cold drawers w/ dried food Cleaned that day added to daily cleaning. 9/9 431 Dust on ceiling. Cleaned on 9/11 - added to monthly cleaning. 306 - Sheet pans stored dirty - Pulled and cleaned coached Mgt. 442 - Called for Quotes working with District manager to get this done in 45 day

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Cassandra Kimmel Title General Manager

Establishment Buffalo Wild Wings

Address 1129 N Baldwin Ave. 35 Marion, IN. 46952

Attach additional sheets as needed.