



RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

10 days

Date 8/05/2026

No. of Risk Factor/Intervention Violations

Time In

Time Out

#27

No. of Repeat Risk Factor/Intervention Violations

Establishment	Address	City/State	Zip Code	Telephone
The Tomahawk	2225 N Lago Rd	Marion IN	46952	(765) 667-0427
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
FEL 2026-0473	JEANNA Zille	Routine	2	3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R
Supervision			
1	IN OUT N/A N/O Person in charge present, demonstrates knowledge, and performs duties		
2	IN OUT N/A N/O Certified Food Protection Manager		
Employee Health			
3	IN OUT N/A N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	IN OUT N/A N/O Proper use of restriction and exclusion		
5	IN OUT N/A N/O Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
6	IN OUT N/A N/O Proper eating, tasting, drinking, or tobacco products use		
7	IN OUT N/A N/O No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8	IN OUT N/A N/O Hands clean & properly washed		
9	IN OUT N/A N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	IN OUT N/A N/O Adequate handwashing sinks properly supplied and accessible		
Approved Source			
11	IN OUT N/A N/O Food obtained from approved source		
12	IN OUT N/A N/O Food received at proper temperature		
13	IN OUT N/A N/O Food in good condition, safe, & unadulterated		
14	IN OUT N/A N/O Required records available: molluscan shellfish identification, parasite destruction		
Protection from Contamination			
15	IN OUT N/A N/O Food separated and protected		
16	IN OUT N/A N/O Food-contact surfaces; cleaned & sanitized		
Time/Temperature Control for Safety			
17	IN OUT N/A N/O Proper disposition of returned, previously served, reheated & unsafe food		
18	IN OUT N/A N/O Proper cooking time & temperatures		
19	IN OUT N/A N/O Proper reheating procedures for hot holding		
20	IN OUT N/A N/O Proper cooling time and temperature		
21	IN OUT N/A N/O Proper hot holding temperatures		
22	IN OUT N/A N/O Proper cold holding temperatures		
23	IN OUT N/A N/O Proper date marking and disposition		
24	IN OUT N/A N/O Time as a Public Health Control; procedures & records		
Consumer Advisory			
25	IN OUT N/A N/O Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26	IN OUT N/A N/O Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
27	IN OUT N/A N/O Food additives: approved & properly used		
28	IN OUT N/A N/O Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29	IN OUT N/A N/O Compliance with variance/specialized process/HACCP		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

Person In Charge (Signature) Michael Barnes

Date: 8/05/2026

Inspector (Signature) [Signature]

Follow-up: YES NO (Circle one) Follow-up Date:

Date 8/05/2026

Telephone

(745) 667-0427

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

COS	R

58	IN OUT N /A/N/O	Mobile Retail Food Establishment
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TEMPERATURE OBSERVATIONS

SAFID BAR	Item/Location	Temp	Sante Line	Item/Location	Temp	Hot	Item/Location	Temp
	BACON	38°F		Garlic Diced	39°F		Mashed potatoes	147°F
	cheese	37.5°F		Tomatoes (cherry)	38°F		Gravy	149°F
	Lettuce	38°F		Pork chops	38°F			
	Tomatoes	37		Fillet's	39°F		WALK IN cooler	36°F
				Ribeye	38°F			
	upright freezer	30°F					WALK IN freezer	2°F

OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

8/05/2026

8/05/2024

Grant County Health Department

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

Date: 8/05/2026

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 _____

<u>DATE</u>	<u>ACTION TAKEN</u>
8/11/26	Non food contact Surfaces all cleaned
	Floors
	under equipment
	Front of equipment

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

Name Michael Barnes Title Head chef / Back of house manager
Establishment The Tomhawk
Address 2225 N Lago road.