



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>The Tomahawk</i>	Telephone Number (<i>765</i>) Establishment <i>667-1374</i> () Owner	Date of Inspection (mm/dd/yr) <i>5/8/24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2225 N Lago Rd Marion IN</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <i>Jeanne Riddle</i>		Summary of Violations: <i>C <input type="checkbox"/> NC <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/></i>	
Owner's Address <i>same as business</i>		Menu Type (See back of page)	
Person in Charge <i>Jason Carter</i>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible Person's E-mail <i>Jcarter@mccmarion.biz</i>			
Certified Food Handler <i>Jason Carter</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>305</i>	<i>NC</i>		<i>Hood systems have grease build up and need cleaned.</i>	

Received by (name and title printed): <i>Jason Carter General Manager</i>	Inspected by (name and title printed): <i>Kyle Kellogg Food Inspector</i>
Received by (signature): <i>Jason Carter</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111
Fax 765-651-2419

DATE: 5/8/2024

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

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

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / April Legare from the Grant Co. Health Department on _____.

Date: Action Taken:

5/13 - Hood Vents removed, degreased, and pressure washed.
- Grease traps cleaned

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

Name of Respondent: Jason Carter Title: General Manager

Establishment Name: Historical Marion Country Club - The Tomahawk

Address: 2225 North Lagro Road

Attach additional sheets as needed.