



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001



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 Brooks Upper Crust Pizza	Telephone Number 765 Establishment (664)-4444	Date of Inspection (mm/dd/yr) 12-13-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1197 N. Washington St Marion	Purpose: 1. Routine	Follow-up Yes	Release Date 10 days
Owner Jeff / Stacy Brooks	2. Follow-up	Summary of Violations: C 3 NC 1 R —	
Owner's Address 5260 E Bron Marion	3. Complaint	Menu Type (See back of page) 1 2 3 4 5	
Person in Charge Jeff Brooks	4. Pre-Operational		
Responsible Person's E-mail 	5. Temporary		
Certified Food Handler Expired Need in 60 days	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
129	C		Employee Not gloved, changes task then puts gloves on NOT washing his hands	Today
187 187	C		Meats on Lrg pizza cooler against wall are keeping high Turkey meat and sausage 52°F Needs metal bars across the top to keep cold air in	Today
191	C		Sausage/Turkey and greek meat in cooler date marking was 11-5-19 and 12-4-19 7 days from date marked.	Remove
298	NC		Inside microwave in back soiled on the inside NOT IN USE.	
			* Follow up after JAN 2020 JTB	

Received by (name and title printed): P. JEFF BROOKS	Inspected by (name and title printed): Dean Small FST
Received by (signature): <i>Jeff Brooks</i>	Inspected by (signature): <i>Dean Small FST</i>
cc:	cc: