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: Brooks Upper Crust + Pizza Grill	**Telephone Number**: ( ) Establishment 765 ( ) Owner 664-4444	**Date of Inspection** (*mm/dd/yr*): 11-9-21	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 1197 N Washington St Marion			
Owner: Jeff Brooks	**Purpose:** (1. Routine)	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: Same	2. Follow-up	**Summary of Violations:**	
Person in Charge: Brandon	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail: —	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Brandon Brooks Exp 2-2025	5. Temporary	1___ 2___ 3___ 4 X 5___	
	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
			No Violations	

Received by (*name and title printed*): Brandon Brooks	Inspected by (*name and title printed*): Scott Kikendall
Received by (*signature*): [signature]	Inspected by (*signature*): Scott Kikendall FSIO

cc:	cc:	cc: