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** ~~Not~~ Establishment (Owner) 4444	**Date of Inspection** *(mm/dd/yr)* 6-1-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1197 N. Washington St			
Owner Jeff Brooks	**Purpose:** 1. Routine	**Follow-up** NV	**Release Date** 10 days
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C 1 NC — R 1	
Person in Charge Brandon	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)* 1 2 X 3 4 5	
Certified Food Handler Brandon Brooks exp 2-2025	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
343	C	X	Hand sink up front no hot water - Needs completed	ASAP

Received by (*name and title printed*): Brandon Brooks

Received by (*signature*): Brandon Brooks

Inspected by (*name and title printed*): Dean Lovell FSP

Inspected by (*signature*): Dean Lovell FSP

cc: | cc: | cc: