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: Chuck Wagon Food & Pizza INC	**Telephone Number**: 765 (Establishment) (922-7989 (Owner)	**Date of Inspection** (mm/dd/yr): 1/14/21	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 2035 Washington St Swayzee			
Owner: Brian Hall	**Purpose:** 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (list)	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: Same		**Summary of Violations:** C___ NC___ R___	
Person in Charge: Brian			
Responsible Person's E-mail		**Menu Type** (See back of page): 1___ 2_X_ 3___ 4___ 5___	
Certified Food Handler: Brian Hall Exp 10-2024			

- 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
			OK TO OPEN 1-14-21	

Received by (name and title printed): Brian Hall Owner

Received by (signature): B Hall

Inspected by (name and title printed): Scott Kendall/Mikala Small

Inspected by (signature): Scott Kendall/Mikala Small

cc: | cc: | cc: