



**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 Dal-Forna Pizza		Telephone Number (765) 649-4785	Date of Inspection (mm/dd/yr) 10/5/19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 2840 S. Madison Ave Anderson, IN 46013		() Owner		
Owner Michael McCurry		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Taylor	Follow-up	Release Date
Owner's Address 251 W. 37th Street Anderson, IN 46013			Summary of Violations: C___ NC___ R___	
Person in Charge Michael McCurry			Menu Type (See back of page)	
Responsible Person's E-mail michaelpmccurry@yahoo.com			1___ 2 <u>X</u> 3___ 4___ 5___	
Certified Food Handler Michael McCurry				

- 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
	N/C		Water bottles need to be upright because of screw on top	

Received by (name and title printed): <i>Tom Mount</i>	Inspected by (name and title printed): <i>Hans Huber</i>
Received by (signature):	Inspected by (signature): <i>Hans Huber</i>

cc:	cc:	cc:
-----	-----	-----

JK
9-16-19
D

2019-
474

TEMPORARY FOOD LICENSE APPLICATION

GRANT COUNTY HEALTH DEPARTMENT

401 S. Adams Street ♦ Marion, IN. ♦ 46952

Phone: (765) 651-2401 ext. 111 or 123 Fax: (765) 651-2419

Website Address: www.grantcounty.net

Date: 9-16-19

Concession Name: DAL-FORNO PIZZA

Concession Address: 2840 S madison AVE

Owner's Name: Michael McCurry

Owner's Address: 251 W 37th St Anderson Zip Code: 46013

Home Phone Number: 765-649-4765 Cell Number: " " E-mail: michaelpmccurry@yahoo

Certified Food Handler: Name Michael McCurry Issued date: 4-12-18

Type of Unit (check all that apply): Mobile Trailer Stand Tent Cart Truck

Water Supply: Public Private (well) Bottled Water
(if using a private well we need a copy of your most recent water test report from a certified lab)

Sewage Disposal: Public Private (septic system)

MENU (Items being sold at this event): Assorted types of pizzas, pre-scooped Gelato
Breadsticks, can or bottle drinks

EVENTS (List all events in Grant County)

James Dean
Taylor Univ Homecomings

FEES: \$60.00
METHOD OF PAYMENT: Cash Check Debit/Credit Money Order

****IMPORTANT REMINDERS****

- 1) You must purchase a food license at least 10 days in advance of the event. Failure to do so will result in an additional \$50.00 late fee.
- 2) A copy of the Certified Food Handler (CFH) certificate must be attached to this application.
- 3) Complete all sections of this application. Failure to do this may delay the licensing process.