



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.

Form with fields: Establishment Name (Del Forma Pizza), Telephone Number, Date of Inspection (9/24/21), ID # (27), Establishment Address (251 W. 37th. Street Anderson, IN 46013), Owner (Michael McCurny), Purpose (1. Routine), Follow-up (N/A), Release Date (N/A), Summary of Violations (C NC R), Menu Type (1 2 3 4 5), Responsible Person's E-mail, Certified Food Handler.

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: Narrative: No violations at this time.

Received by (name and title printed): Milka McCurny
Inspected by (name and title printed): Kyle Kellogg
Received by (signature): [Signature]
Inspected by (signature): [Signature]
cc: []