



**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 <i>Fozolis 1640</i>	Telephone Number <i>767</i> Establishment <i>(668) 7298</i> Owner	Date of Inspection <i>10-14-21</i> (mm/dd/yr)	ID # <i>29</i>
Establishment Address (number and street, city, state, ZIP code) <i>2922 S. Western Ave Marion</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>10 days</i>
Owner <i>Fozolis Joint Ventures LTD</i>	Summary of Violations: <i>C 3 NC 3 R</i>	Menu Type (See back of page)	
Owner's Address <i>2470 Columbus Dr Ky</i>		<i>1 2 3/0 4 5</i>	
Person in Charge <i>Jeff Pickron</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Jeff Pickron exp 2023</i>			

- 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
<i>295</i>	<i>NC</i>		<i>Following Non Food Contact items is soiled w/ dried food &amp; other debris 1) Metal rack that holds bread sticks 2) Bottom of floor cooler 3) Metal rack next to oven 4) Prep table next to drive up the bottom metal rod. 5)</i>	<i>Today</i>
<i>344</i>	<i>C</i>		<i>Back hand sink blocked w/ mop bucket &amp; mop</i>	
<i>243</i>	<i>NC</i>		<i>2 boxes of trays/pans sitting directly on floor</i>	
<i>409</i>	<i>NC</i>		<i>Crack Tile in kitchen missing - Needs replaced</i>	
<i>295</i>	<i>C</i>	<i>X</i>	<i>Metal rack in back used to dry dishes has dried food on it.</i>	
<i>138</i>	<i>NC</i>	<i>X</i>	<i>Employee prep/cook w/ no hair restraint or beard guard.</i>	
<i>294</i>	<i>C</i>		<i>Sanitizer tested oppm when tested</i>	

Received by (name and title printed): <i>JEFF PICKRON GM</i>	Inspected by (name and title printed): <i>Dawn Small / Scott R. Kinball</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

Operator Response to Inspection  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: 10-24-21

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 10-14-21.

DATE:	Action Taken:
<del>10-14</del>	
10-14	409 Replaced ceiling tiles in the kitchen area
10-15	134 Employee instructed to wear hair restraints and beard guard
10-17	295 cleaned rack in back
10-17	243 continue to instruct employees on not putting food items on floor
10-18	295 cleaned all shelves and racks

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Michael Pagley Title: AGM

Establishment Name: Fazolis 11640

Address: 2922 S Western Ave Marion, IN 46953

Attach additional sheets as needed.