



**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>Greeks Pizzeria</i>	Telephone Number <i>765 818 8105</i>	Date of Inspection (mm/dd/yr) <i>8-29-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>102 E Berkey Ave Upland</i>	Owner <i>Mike Brandon</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Mike Brandon</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 2 NC 3 R 2</i>	
Owner's Address <i>12197 Welveston Way Fishers</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Jasmyn Elaine Hawk</i>	3. Complaint	1 <u>2</u> 3 4 5	
Responsible Person's E-mail <i>N/A</i>	4. Pre-Operational		
Certified Food Handler <i>Brian Berk exp 10/2022</i>	5. Temporary		
	6. HACCP		
	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/N/C	R	Narrative	To Be Corrected By
138	NC	X	employees preparing food w/o beard guard on - Prior violations on 5-2018, 4-2019 and today	Corrected
438	C	X	Clear plastic bottle hanging on metal rack not labeled as to what's in it.	Today
270	NC		3 bay sink isnt set up correctly - needs to be wash - RINSE - Sanitize	Corrected
136	C		Personel drink (2) sitting on ledge of pizza cooler next to oven	Today
243	NC		Paper products in storage room sitting directly on floor - 6" up off floor	Today

Received by (name and title printed): <i>Jasmyn Elaine Hawk</i>	Inspected by (name and title printed): <i>Dea Spalk PSE</i>
Received by (signature): <i>Jasmyn Elaine Hawk</i>	Inspected by (signature): <i>Dea Spalk PSE</i>
cc:	cc:



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Establishment Name <i>Breaks Pizzeria</i>	Telephone Number <i>963</i>	Date of Inspection (mm/dd/yr) <i>8/11/19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>62 E Beverly Dr. Highland</i>	Owner <i>[Signature]</i>	Follow-up <i>NC</i>	
Owner <i>Dave Baldwin</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Release Date <i>11/19</i>	Summary of Violations: <i>C 2 NC 3 R 2</i>
Owner's Address <i>12197 Whittier Way Pitts</i>	Person in Charge <i>Jasmyne Elaine Hawk</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail <i>N/A</i>	Certified Food Handler <i>Brian Beck 10/1/2017</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
136	NC	X	employees preparing food w/ bare hand gloves on - prior violations on 5-2018, 4-2019 and 1 day	Corrected
438	C	X	More plastic bottles hanging up behind counter not washed as to what's in it.	1 day
370	NC		3 bay sink isn't set up correctly Needs to be wash - rinse - sanitize	Corrected
136	C		Person drink (2) sitting on ledge of pizza counter. Not in area!	1 day
243	NC		Paper products in storage area sitting on floor and floor - keep off floor	1 day

Received by (name and title printed): <i>Jasmyne Elaine Hawk</i>	Inspected by (name and title printed): <i>[Signature] RCO</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

Operator Inspection Response  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401  
Fax 765-651-2419

DATE: 8/29/19

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

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 8-29-19.

DATE: Action Taken:  
8/29/19 - We put all food related items on top of  
coke crates in back room, & all paper products.  
8/29/2019 - We put a label on the spray bottles  
containing bleach water.

8/29/19 - We held a meeting & posted on our group  
chat on our app where I & where not to put their.  
Also I we put signs up around the kitchen

8/29/19 - We moved our sink water into the  
correct order of wash, rinse, & sanitize.

8/29/19 - I posted on the group chat that every  
male with a beard must wear a beard net, no  
exceptions. I also told all managers to be very  
strict & I made sure everyone I saw it.

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

Name of Respondent: Jasmyne Elaine Hawk Title: Manager

Establishment Name: Greek's Pizzeria Upland

Address: 62 E Berry Street Upland In