# 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**: Kays Pizza | **Telephone Number** (765) Establishment ( ) Owner 674-7731 | **Date of Inspection** (mm/dd/yr): 5-12-21 | **ID #**: 27 |
| **Establishment Address** (number and street, city, state, ZIP code): 118 E Main St Gas City | | | |
| **Owner**: Beth Brown | **Purpose:** 1. Routine (circled) | **Follow-up**: no | **Release Date**: 10 days |
| **Owner's Address**: Same | 2. Follow-up | **Summary of Violations:** C 1 NC — R — | |
| **Person in Charge**: Beth | 3. Complaint | | |
| **Responsible Person's E-mail**: — | 4. Pre-Operational | | |
| **Certified Food Handler**: Beth Brown Exp 6-2024 | 5. Temporary | **Menu Type** (See back of page): 1 2 3 X 4 5 | |
| | 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/NC | R | Narrative | To Be Corrected By |
|---|---|---|---|---|
| 345 | C | | Hand SINK in Kitchen had a bowl lettuce IN It | Corrected |

Received by (name and title printed): Beth A. Brown Owner

Received by (signature): Beth A Brown

Inspected by (name and title printed): Scott Kirkendall

Inspected by (signature): Scott Kirkendall FSD

cc: | cc: | cc: