



**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>Kays Pizza</i>	Telephone Number (Establishment) <i>765</i>	Date of Inspection (mm/dd/yr) <i>8-26-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>118 E. Main St Gos City</i>	Telephone Number (Owner) <i>604-7731</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Name <i>Ron & Beth Brown</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C - NC 4 R -</i>	
Owner's Address <i>1003 Sherman Frankton</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in Charge <i>Beth Brown</i>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>Beth Brown exp 6/2024</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/NC	R	Narrative	To Be Corrected By
<i>295</i>	<i>NC</i>		<i>handles on floor coolers is soiled w/ dried food debris</i>	<i>Today</i>
<i>291</i>	<i>NC</i>		<i>No test strips to test sanitizer</i>	<i>Today</i>
<i>138</i>	<i>NC</i>		<i>Employee preparing in kitchen w/o hair restraint</i>	<i>Today</i>
<i>243</i>	<i>NC</i>		<i>Cups in box directly on floor in dough room</i>	

Received by (name and title printed): <i>Beth A. Brown</i>	Inspected by (name and title printed): <i>Dawn Smith RFD</i>
Received by (signature): <i>Beth A. Brown</i>	Inspected by (signature): <i>Dawn Smith RFD</i>
cc:	cc: