



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 (King Gyras), Telephone Number (765-668-1944), Date of Inspection (12-9-19), ID # (27), Owner (Jimmy Niekululis), Purpose (1. Routine), Follow-up (checked), Release Date (10 days), Person in Charge (Tomika D. Guy), Responsible Person's E-mail (N/A), Certified Food Handler (Not a current CFH).

- 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. Contains 5 rows of violation details.

Form with fields: Received by (Tomika D. Guy), Inspected by (Dawn Smith), Received by (signature), Inspected by (signature), cc: