



**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 King Gyros	Telephone Number 767 Establishment	Date of Inspection (mm/dd/yr) 8-9-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 215 S. Miller Ave Marion	Owner 668-1944	Follow-up 10 days	Release Date 10 days
Owner Jimmy Nikolulis	Purpose: 1. Routine	Summary of Violations: C 2 NC 8 R	
Owner's Address Ironwood Dr	2. Follow-up	Menu Type (See back of page)	
Person in Charge Sue Bartlett	3. Complaint	1 2 3 4 5	
Responsible Person's E-mail 	4. Pre-Operational		
Certified Food Handler Tiffany Brown exp 5-2023	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
295	C		The following food contact items are soiled with food debris 1) Knife in grill area 2) Top inside of ice machine to include plastic shield	Today
297	NC		Handle and outside of microwave in kitchen prep area is soiled with food debris	
191	C		no date marking on several items in walk in cooler	
177	NC		Food stored on floor in walk in freezer	
295	NC		The top inside of lid on salad bar is soiled with a dark residue	
307	NC		part of vent in hood system above grill is missing: needs replaced	ASAP

Received by (name and title printed): Sue Bartlett	Inspected by (name and title printed): Scott Kendall / Dean Smith
Received by (signature): Sue Bartlett	Inspected by (signature): Scott Kendall / Dean Smith
cc:	cc: