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**: (765) Establishment ( ) Owner 668-1944	**Date of Inspection** (*mm/dd/yr*): 9-30-2025	**ID #**
Establishment Address (*number and street, city, state, ZIP code*): 215 S Miller Ave Marion			
Owner: Jimmy Nickulis	**Purpose**: 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: 1403 Ironwood Dr.		**Summary of Violations**: C 1 NC — R —	
Person in Charge: JIMMY			
Responsible Person's E-mail: —		**Menu Type** (*See back of page*): 1 2 3 X 4 5	
Certified Food Handler: Tiffany Bonsal 5-8-2020			

- 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 with dried food debris IN SINK	Corrected

Received by (*name and title printed*): DEBORAH A NIKOLULIS

Received by (*signature*): Deborah A Nikolulis

Inspected by (*name and title printed*): Scott Kirkendall

Inspected by (*signature*): Scott Kirkendall FS10

cc: | cc: | cc: