



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, Date of Inspection: 5-21, ID #: 27, Establishment Address: 215 S Miller Ave Marion, Owner: Jimmy Nickuli's, Purpose: 1. Routine, Follow-up: NO, Release Date: 10 days, Owner's Address: 1403 Ironwood Dr Marion, Person in Charge: Jimmy, Responsible Person's E-mail, Certified Food Handler: T. Kean Brown Expires 5-5-2023

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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text 'No Violations' in the Narrative column.

Received by (name and title printed): Jimmy Nifalalis, Inspected by (name and title printed): Scott K Kendall, Received by (signature): [Signature], Inspected by (signature): Scott Kendall FSO, cc: