



**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>Marion PIZZA Hut Wing & Bistro</i>	Telephone Number <i>765</i> Establishment <i>662-2701</i> Owner	Date of Inspection (mm/dd/yr) <i>10-13-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>939 N Balderson Ave</i>	Owner <i>662-2701</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Pure Pizza Co Inc</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 2 NC 1 R -</i>	
Owner's Address <i>9313 34th St. KS</i>	Person in Charge <i>Brandon</i>	Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Responsible Person's E-mail <i>_____</i>	Certified Food Handler <i>Janet Bojka 11-2022</i>		

- 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
136	NC		<i>Personal Drink on Rack with marinara Sauce</i>	<i>Today</i>
<i>310</i>	<i>NC</i>		<i>Hood Vents ABOVE Fryer and oven are soiled with debris</i>	<i>30 days</i>
<i>415</i>	<i>C</i>		<i>Fruit Flies in Bar Area need to contact pest control</i>	<i>10 days</i>

Received by (name and title printed): <i>Brandon McCain</i>	Inspected by (name and title printed): <i>Scott K Kendall / Dean Small</i>
Received by (signature): <i>_____</i>	Inspected by (signature): <i>Scott Kendall / Dean Small</i>
cc:	cc: