

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.

The time must for correction of each violation is specified in the narrative portion of this report.							
Establishme	nt Name	1		Telephone Number	Date of Inspection ID # (mm/dd/yr)		
Pala	TA	$h_{\mathcal{N}}$	K	()() Stablishment	(min/awyr)		
			ηβεγ and street, city, state, ZIP code)	() Owner	10 111 m/2/		
\/ 1/	. I I	2	louin Marion	1668-7272	1 / 19-20 1		
100	<u>. // ./</u>	\mathcal{L}	COULTY THORETOR	Purpose:	Follow-up Release Date		
Owner		1	Parke		1 1 (a) (10 1		
104	1 ec 1	\mathcal{V}_{-}	D4)44 (1. Routine	10 10 days		
Owner's Ad	ldress			2. Follow-up	Summary of Violations:		
56	95	15	ourding Rd Ott	3. Complaint	<u>.</u>		
Person in C	harge		^ / \	4. Pre-Operational	C NC R		
A/	DV'S	4	10 Mal 2	<u> </u>	- - -		
Responsible	Person's I	<i>↓</i> E-mai		5. Temporary	Menu Type (See back of page)		
responsible		THE REPORT OF THE PARTY OF THE		6. HACCP			
0.46.15	- 1 II 11 -	albred Million		7. Other (list)	$1 2 \times 3 4 5$		
Certified Fo			Cole Exp 12-2020		123		
	1001	XX.	Cole Exp 12-2020				
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	AARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		ID IN THE NARRATIVE BELOW AS "R"		
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Section#	C/NC	R	Narrative		To Be Corrected By		
146	NC		CONTAGNER Sitting O	N SHELF IN	1 opported		
' / V			FRANT PRED apres	is un lablu	24		
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Received by	(name ana	l title .	printed):	Inspected by (name and title p	orinted):		
Alexis Arnold Scott Kandall Bio							
Received by (signature): Inspected by (signature):							
() 1	an Cun						
CC:							

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111 Fax 765-651-2419	DATE: 9-14-20
Grant County Health Department	,
401 S. Adams St. Marion, IN. 46953	
PLEASE SEND YOUR RESPONSE TO THE GRANT COUDAYS.	UNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10
The following is a response to the inspection report popular Small / Scott kikendall from the Grant Co. Health E	repared by the Health Department Food Safety Officer Department on 4/4-20
DATE: 9-14-20 Action Taken: NC	
Are Container OF dusting but Las Corrected before L 11:00 AM	utor was not labled correctly, we opened our Store of
(PLEASE FORWARD THIS FORM TO GRANT COUNTY HE	EALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)
Alove Hynold	Title: Mananger
Name of Respondent: Transfer Johns Establishment Name: Papa Johns Address: 826 N Baldwin	
Address: 826 N Baldwin	Marion IN