



**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 <b>Papa Murphy's Pizza</b>		Telephone Number <b>765</b> Establishment		Date of Inspection (mm/dd/yr) <b>7/4/21</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>3103 S Western Ave Marion</b>		Owner <b>Jeffery Moon</b>		Follow-up	Release Date <b>10 days</b>
Owner's Address <b>14327 Dovedr Carmel</b>		Person in Charge <b>Joe</b>		Summary of Violations: <b>C - NC 2 R 2</b>	
Responsible Person's E-mail <b>_____</b>		Certified Food Handler <b>Joe Lankford Exp 8-2025</b>			
Purpose:		1. Routine		Menu Type (See back of page)	
		2. Follow-up		1 <u>  </u> 2 <u>X</u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
		3. Complaint			
		4. Pre-Operational			
		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/N/C	R	Narrative	To Be Corrected By
295	NC	X	The oven in Prep area is heavily soiled from food debris	Today
399	NC	X	The vent in Restroom ceiling needs replaced or fixed	30 days

Received by (name and title printed): <b>Joseph Lankford</b>		Inspected by (name and title printed): <b>Scott Kendall</b>	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	