



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.

Form with fields: Establishment Name (Pizza Hut), Telephone Number (765), Date of Inspection (9-1-20), ID # (27), Establishment Address (716 E Main St), Owner (Papa Pizza Co. Inc), Purpose (Routine), Follow-up (NO), Release Date (10 days), Owner's Address (PO Box 789950), Person in Charge (Ray), Responsible Person's E-mail, Certified Food Handler (Adolfo Marin Exp 1-2025)

- 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 two entries: 295 C Utensils stored clean on rack by 3 bay sink have food debris on them; 138 NC Employee in kitchen cooking with no hair restraint.

Received by (name and title printed): Raymond Humphrey; Inspected by (name and title printed): Scott Kikendall FS10; Received by (signature); Inspected by (signature): Scott Kikendall

cc: fields for distribution list