



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: Pizza Hut, Telephone Number: 765-674-7774, Date of Inspection: 5/2-21, ID #: 27, Owner: Papa Pizzeria Co. Inc., Purpose: 1. Routine, Follow-up: NO, Release Date: 18 days, Person in Charge: Brookz, Certified Food Handler: ADD TO MARIN Exp 12/25

- 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. Row 1: 295, C, X, Utensils hanging clean on side of rack in prep area have food debris on them, Today. Row 2: 295, NC, , Storage bins in cooler have food debris in bottom.

Received by (name and title printed): Brooke Workman, Inspected by (name and title printed): Scott Kikendall, Received by (signature): [Signature], Inspected by (signature): [Signature]