



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 header section containing: Establishment Name (Pizza Hut), Telephone Number (765 Establishment), Date of Inspection (6-28-19), ID # (27), Establishment Address (2103 S. Western Ave Marion), Owner (Peru Pizza Co Inc), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (P.O. Box 789950 KS), Person in Charge (Laura Tobojka), Responsible Person's E-mail (N/A), Certified Food Handler (Laura Tobojka exp 11-2022).

- 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/C, R, Narrative, To Be Corrected By. Contains two entries: 295 C (Food contact items stored clean but soiled w/ dried food or debris) and 295 NC (Make table on inside - dried sauce on metal containers).

Signature section: Received by (name and title printed): Laura Tobojka; Inspected by (name and title printed): Demu Lind / PST; Received by (signature): [Signature]; Inspected by (signature): [Signature]

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 6/28/19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 6-28-19.

DATE: 6/28 Action Taken: replaced containers for box supports, silver ware & put daily cleaning plan in place for them to be switched nightly.

6/28 cleaned inside of make table w/d & removed dried sauce & debris.

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Laura Toboylea Title: RGM

Establishment Name: Pizza Hut

Address: 2013 S. Western Ave. Marion, IN 46953

- Attach additional sheets as needed.