



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 wine street Bistro), Telephone Number (765 Establishment), Date of Inspection (6-19-19), ID # (27), Establishment Address (939 N Baldwin Ave Marion), Owner (Peru Pizza Co), Purpose (1. Routine), Follow-up (10 days), Owner's Address (P.O. Box 789950 KS), Person in Charge (Chad Woustan), Responsible Person's E-mail (N/A), Certified Food Handler (Chad Woustan 5-28-2019), Summary of Violations (C NC 3 R 1), Menu Type (1 2 3 4 5).

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains entries for sections 295, 297, and 298 with detailed violation descriptions and correction dates.

Form with fields: Received by (name and title printed): CHAD WOUSTAN, Inspected by (name and title printed): Dawn Syrah FSTO, Received by (signature), Inspected by (signature), cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 6-26-19

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 6-19-19.

DATE: 6-25 Action Taken: 295 - CLEANED SAUCE PUMPS COACHED STAFF

6-24 297 - SOAK NOZZLE IN BAR EVERY NIGHT

6-24 298 - CLEANED MICROWAVES NIGHTLY
COACHED STAFF

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

Name of Respondent: CHAD WILSON Title: REG

Establishment Name: PIZZA HUT NORTH

Address: 939 N BROADWAY AVE MARION IN

• Attach additional sheets as needed.