



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 Wagon Street Bistro), Telephone Number (765 Establishment), Date of Inspection (9-24-20), ID # (27), Establishment Address (939 N Baldwin Ave Marion), Owner (Pete Pizza Co), Owner's Address (PO Box 789950 KS), Person in Charge (Vick Butcher), Responsible Person's E-mail, Certified Food Handler (Vick Exp 7-2025), Purpose (1. Routine), Follow-up (NO), Release Date (10/5), Summary of Violations (C, NC, R), 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. Row 1: 345, C, [blank], The Hand Sink in Bar area hand holds in it. Using as dump sink, Today.

Received by (name and title printed): Victor Butcher
Received by (signature): Victor Butcher
Inspected by (name and title printed):
Inspected by (signature):
cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 9/22/20

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

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 9-21-20.

DATE: 9-21-20 Action Taken: Cleaned debris out of sink, and wiped sink down at night after close and each use to make sure no debris is left in sink. Section 345-C

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

Name of Respondent: Vakya Patton Title: Shift Manager

Establishment Name: Pizza Hut

Address: 939 N. Baldwin Ave. Marion, IN 46952