

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.

	III IOI COII	ection of each violation is specified in the narrative portion of the				
Establishme			Telephone Number	Date of Inspection (mm/dd/yr)	ID#	
	<u>3A</u>	サンナ	765160014m77774		27	
		s (number and street, city, state, ZIP code)	() Owner	9-20-19	21	
70 Z E. WAIN 51. GAS City Owner D Purpose: Follow-up Release Date						
PER	u 1	1334 Co INC	1. Routine		-30-19	
Owner's Ac	ldress	70995D Ks	2. Follow-up	Summary of Violations:		
Person in C	50X	189930 10	3. Complaint	$_{\rm C}$ \otimes $_{\rm NC}$ 3 $_{\rm R}$ \otimes		
Telson in C	narge DIE	MARIN	4. Pre-Operational		<u> </u>	
Responsible			5. Temporary	Menu Type (See back of page)		
A		N/A	6. HACCP			
Certified Fo	ood Handle	G MARIN EXP 12/9/19	7. Other (list)	12/~3	_45	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• CRITICAL HEMS 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"						
Section# C/NC R Narrative To Be Corrected By						
297	Nc	THE TEA DISPENSER!	1022/15	1 7	SDAN	
	•	SOILED WITH A DARK	RESIDIF			
		301103 30174 7 371-1	NESTIDUE.			
295	5 Nc +HE following Non-foon" Contact TODAY				JD14	
		SURFACES SON LEN WI		RIS		
		1) THE SODA UNIT				
		2) Both Hot HowDing 1	INITS FOR C	HEIZE		
		SINGE BOT.	5/0(+5			
		3) DRIP TRAY AREAS O	f ShE Pizza	LOVEN	5	
		& ABOVE THE ROTATING		722 M		
		Q 1-21	100000 010 PT			
		CVEIO				
431	NC	50,150 WHY FOOD AN	EA PLOOR 1	5 70	SDAY	
100	,,,,	Solon Way Coon An	O other De	bris		
		101100 Will 7000 (10	or inches	Piero		
			Assistantia versioni			
Received by (name and title printed): Inspected by (name and title printed):						
X Al Marin GM Right (for - 1-510)						
Received by (signature): Inspected by (signature):						
X			1 10/UN	1-1-5I	7	
cc:		cc:		cc:		
I				1		

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Fax 765-651-2419	DATE: 0/5/19
Grant County Health Departr 401 S. Adams St. Marion, IN. 46953	nent
The following is a response to the inspec Carr / Dean Small_ from the Grant Co. Hea	tion report executed by the Grant Co. Health Department Food Safety Officer <u>Dale</u> alth Department on
DATE: Action Taker 9/15/19 295-C- food Sat Cleanin Oteur te	Started Routinely Chaning them to ensure fety a Walls of clish area Every night Octobe. I huping on my Servers about clining area
431-NG MAR BETTER	EVERYDAY
4	
Name of Respondent: <u>Helcec</u> Establishment Name: <u>Pi2Za</u>	Todden Title: Shiff Manager
Address USY N Kal	dwin Ave. marin IN, 46952

Attach additional sheets as needed.