



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 <i>Pizza Hut</i>	Telephone Number <i>765 (662) 1200</i>	Date of Inspection (mm/dd/yr) <i>12-11-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2013 S. Western Ave Marion</i>	Purpose: 1. Routine 2. Follow-up <i>From 10-19</i> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Peru Pizza Co</i>	Summary of Violations: <i>C ___ NC ___ R ___</i>	Menu Type (See back of page) <i>1 ___ 2 <u> </u> 3 ___ 4 ___ 5 ___</i>	
Owner's Address <i>P.O. Box 709950</i>			
Person in Charge <i>Laura Tobojka</i>	Responsible Person's E-mail		
Certified Food Handler <i>Laura Tobojka</i>	Responsible Person's E-mail		

- 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			<i>No violations on this follow up inspection</i>	

Received by (name and title printed): <i>Laura Tobojka</i>	Inspected by (name and title printed): <i>Dan Smith BPD</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: