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 Pizza Hut	**Telephone Number** 765 Establishment ( ) Owner 674 7774	**Date of Inspection** (*mm/dd/yr*) 3-2-20	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 716 E Main St Gas City			
Owner Peru Pizza Co. Inc	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** No	**Release Date** 10 days
Owner's Address P.O Box 789950 KS		**Summary of Violations:** C___ NC___ R___	
Person in Charge Danny Nelson			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1___2___3___4___5___	
Certified Food Handler Adolfo Marin exp 1-2025			

- 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
			OK to open on 3-3-20	

Received by (*name and title printed*): Danny Nelson	Inspected by (*name and title printed*): Dean Small FSO Dale Carr FSO
Received by (*signature*): [signature]	Inspected by (*signature*): Dean Small FSO
cc:	cc: cc: