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 King - Gas City LLC	**Telephone Number** ( ) Establishment 765 ( ) Owner 674-7494	**Date of Inspection** *(mm/dd/yr)* 9-23-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 417 W Main St			
Owner Dave & Dawn Pyle	**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 714 N 3rd Gas City		**Summary of Violations:** C___ NC/ R___	
Person in Charge Dave			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1___ 2X 3___ 4___ 5___	
Certified Food Handler Dave Pyle 4-2023			

- 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
295	NC		In side Freezer at the Bottom is Food debris and at Top around Cut outs has dried food Debris	Today

Received by (*name and title printed*): David Pyle Owner
Received by (*signature*): David Pyle

Inspected by (*name and title printed*): Scott Kirkendall / Dean Snyder
Inspected by (*signature*): Scott Kirkendall / Dean Snyder

cc: | cc: | cc: