



**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-N	Telephone Number 765-664-0523	Date of Inspection (mm/dd/yr) 11/8/19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1212 N BALDWIN AVE - MARION	Establishment Owner (664) 0523	Follow-up NO	
Owner PIZZA KING of MARION	Purpose: 1. Routine	Release Date 11/18/19	Summary of Violations: C 1 N C 1 R 1
Owner's Address P.O. Box 7 Summitville	2. Follow-up	Menu Type (See back of page) 1 2 X 3 4 5	
Person in Charge TIFFANY STEVENS	3. Complaint		
Responsible Person's E-mail N/A	4. Pre-Operational		
Certified Food Handler MATHEW ROSENTHAL exp 1-23	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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/C	R	Narrative	To Be Corrected By
430	NC	X	H-7 CEILING TILE STAINED DUE TO WATER LEAVING WATER MARKS NEED FIXED / REPLACED Repeat from 3-2018, 11-21-18, 6-19-19	TODAY
295	C		THE CAN OPENER BLADE / BASE SOILED WITH FOOD DEBRIS	TODAY

Received by (name and title printed): Tiffany Stevens	Inspected by (name and title printed): [Signature] FSIO
Received by (signature): [Signature]	Inspected by (signature): [Signature] - FSIO
cc:	cc: