



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

2/14/19 Don

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.

Form with fields: Establishment Name (PIZZA KING OF MARION - SOUTH), Telephone Number (765 674 6966), Date of Inspection (2-11-19), ID # (27), Establishment Address (3404 S. ADAMS ST. MARION), Owner (PIZZA KING OF MARION, INC), Purpose (Routine), Follow-up (No), Release Date (2-21-19), Owner's Address (P.O. Box 7 Summitville, IN 46070), Person in Charge (DON BISHOP), Responsible Person's E-mail (N/A), Certified Food Handler (DON BISHOP EXPIRE 3-11-19), Summary of Violations (C 1 NC 2 R -), Menu Type (1 2 X 3 4 5)

- 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"

Table with 4 columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Contains 3 rows of violations: 298 NC (microwave soiled), 196 NC (pre-made subs not labeled), 146 NC (containers not labeled).

Received by (name and title printed): DONALD C BISHOP, Inspected by (name and title printed): DONALD C BISHOP - FSD, Received by (signature): [Signature], Inspected by (signature): [Signature]