



**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 of MARION - SOUTH		Telephone Number 765 274 6866	Date of Inspection (mm/dd/yr) 10/29/19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3404 S ADAMS ST, MARION		() Owner		
Owner PIZZA KING of MARION INC		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up YES	Release Date 11/8/19
Owner's Address PO BOX 7 SUMMITVILLE, IN			Summary of Violations: C <u>2</u> NC <u>0</u> R <u>0</u>	
Person in Charge DON BISHOP			Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail N/A				
Certified Food Handler DON BISHOP EXPIRED 3-11-19				

- 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/N/C	R	Narrative	To Be Corrected By
118	C		CFH EXPIRED 3-11-19, NEEDS IN 30 days	30 DAYS
295	C		THE CAN OPENER BLADE / BASE SOILED WITH FOOD DEBRIS	TODAY

Received by (name and title printed): DONALD C. BISHOP mgc		Inspected by (name and title printed): R Dale Carter - F910	
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>	
cc:	cc:	cc:	