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 Pant Pizza	**Telephone Number** (765) 9485299 ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 6/27/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 704 N Main St. Fairmount			
Owner Alan Busby	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 7-7-19
Owner's Address 204 W N B St. Gas City	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC1 R___	
Person in Charge Alan Busby	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail N/A	6. HACCP 7. Other (*list*)	**Menu Type** *(See back of page)* 1___2 X 3___4___5___	
Certified Food Handler Kayla Busby			

- 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
138	NC		Employee preparing food without a beard guard	TODAY

Received by (*name and title printed*): No Alan Busby Owner	Inspected by (*name and title printed*): Blake Cox - FSD
Received by (*signature*): No	Inspected by (*signature*): Blake Cox FSD
cc:	cc:
	cc: