



**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 <i>To Your Door Pizza</i>	Telephone Number <i>765</i> Establishment <i>464</i> Owner <i>2798</i>	Date of Inspection (mm/dd/yr) <i>8-9-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>206 S. Bronson St.</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Estella Lines</i>	Owner's Address <i>same</i>	Summary of Violations: <i>C - NC 4 R 4</i>	
Person in Charge <i>Estella Lines</i>	Responsible Person's E-mail <i>N/A</i>	Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Certified Food Handler <i>Estella Lines exp 11-2-2020</i>			

- 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
234	NC	X	using plastic cup as a scoop in serving crumbles - need a handle	Today
399	NC	X	10 ceiling tiles stained brown or missing - needs fixed or replaced	10 days
408	NC	X	The hood system above fryers is soiled w/ dark residue, grease	Today
295	NC		Conventional oven is soiled if not being used need to be discarded.	Today
433	NC	X	2 mats heavily soiled sitting directly on floor	Today

Received by (name and title printed): <i>Estella Lines</i>	Inspected by (name and title printed): <i>Dean Small ASD</i>
Received by (signature): <i>Estella Lines</i>	Inspected by (signature): <i>Dean Small ASD</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 8-13-19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 8-9-19.

DATE:	Action Taken:
8-9-19	plastic cup & handle washed and being used
8-11-19	ceiling tiles fixed (installed 8-11-19)
8-9-19	Conventional oven cleaned
8-9-19	mop heads store in hanger in the corner by heater.
	- hood unable to get cleaned the man who is suppose to do the job is get hurt, looking for someone to do the job

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Estela James Title: owner
Establishment Name: Tu your door pizza
Address: 206 S. Branson
Marion, In 46952