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: Walls Pizza King	Telephone Number: 765 948 6517 (Establishment) ( ) Owner	Date of Inspection (mm/dd/yr): 6-27-19	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 824 N Mill St. Fairmount			
Owner: Edith Morgan	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up: No	Release Date: 7-7-19
Owner's Address: 3415 W 1400 N Alexandria		Summary of Violations: C___ NC 3 R___	
Person in Charge: Gordon Wall			
Responsible Person's E-mail: N/A		Menu Type (See back of page): 1___ 2___ 3 X 4___ 5___	
Certified Food Handler: Gordon Wall			

- 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		Employees preparing food without Beardguards	TODAY, Corrected
307	NC		2 Hood vents are missing in hood system	TODAY
270	NC		The 3 bay sink is setup to wash in middle sink, and has to be set up to wash, Rinse, Sanitize, Air dry	TODAY

Received by (name and title printed): X Gordon R Wall

Received by (signature): X Gordon Wall

Inspected by (name and title printed): R Oakley - FSD

Inspected by (signature): R Oakley - FSD

cc: | cc: | cc: