



**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>Fazolis #1640</i>	Telephone Number <i>765 Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>5-10-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2922 S. Western Ave Marion</i>	<i>608-1298</i> Owner		
Owner <i>Fazolis Joint Ventures</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine	Follow-up	Release Date <i>10 days</i>
Owner's Address <i>2470 Palumbo DR KY</i>	<input type="checkbox"/> 2. Follow-up	Summary of Violations: <i>C 1 NC 2 R 3</i>	
Person in Charge <i>Debbie Wright</i>	<input type="checkbox"/> 3. Complaint		
Responsible Person's E-mail <i>[blank]</i>	<input type="checkbox"/> 4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <i>Debbie Wright exp 7-2019</i>	<input type="checkbox"/> 5. Temporary	<i>1 2/3 4 5</i>	
<input type="checkbox"/> 6. HACCP			
<input type="checkbox"/> 7. Other (list)			

- 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
3E 295	C		Inside ice machine there is A black residue.	To day
295	NC		The following non food contact items is soiled w/ dried food and/or sauce X 1) Spray nozzle at 3 bay sink X 2) outside of flush cans 3) white shelving in kitchen 4) Floor cooler w/ veggies in it soiled around back/top. 5) shelving by drive up	}
13B	NC	X	Employee in kitchen without hair restraint beard guard.	

Received by (name and title printed): <i>Debbie Wright</i>	Inspected by (name and title printed): <i>Debra Small - FSTO</i>
Received by (signature): <i>Debra Wright</i>	Inspected by (signature): <i>Debra Small - FSTO</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419
e-mail foods@grantcounty.gov

DATE: 5-20-19

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

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 5-10-19.

DATE: Action Taken:

Cleaned	Inside of Ice machine	5/12/19
	Spray Nozzle replaced	5/14/19
Cleaned	Outside trash cans	5/11/19
	Employee's beard guards	5/10/19
	Shelving in Kitchen cleaned	5/10/19
	Floor Cooler cleaned	5/11/19

Name of Respondent: Debbie Wright Title: GM

Establishment Name: Fazolis

Address: 2922 S. Western Ave