



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>Sizzler Cafeteria #553</i>	Telephone Number (705) Establishment <i>662 3355</i> () Owner	Date of Inspection (mm/dd/yr) <i>4/29/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1325 W. 4th Marion, In</i>	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Nathan - Gawn</i>	Summary of Violations: <i>C3 NC2 R1</i>	Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Owner's Address <i>Sizzler Cafeteria LLC PO Box 572408 UT</i>	Person in Charge <i>Angela Smith</i>	Responsible Person's E-mail	
Certified Food Handler <i>Dijonny Kowch</i>	<ul style="list-style-type: none"> • 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		No Hair restraints on employee's cooking & prepping pizzas	
136	C		Personal drink setting on food prep counter	
295	NC	X	The following non food items are soiled with food debris 1 Oven Top/sides/Rollers on both sides 2 storage racks in dish area 3 Equipment in dough prep area	
343	C		Hand sinks used as dump sink to include chemicals in one sink. "Hand washing only"	
295	C		utensils/Pans stored as clean on dishroom Rack with debris	

Received by (name and title printed): <i>Angela Smith</i>	Inspected by (name and title printed): <i>Kyle Kellogg Food Inspector</i>
Received by (signature): <i>Angela Smith</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 4/29/23

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 Dean Small / Scott Kikendall from the Grant Co. Health Department on _____.

- | DATE: | Action Taken: |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>4/29/23</u> | <u>Went over rules about hair restraints (hats)</u>
<u>Everyone had on a proper hair restraint</u> |
| <u>4/29/23</u> | <u>Went over rules about proper food & drink storage</u> |
| <u>4/29/23</u> | <u>cleaned rounder in dough area</u> |
| <u>4/29/23</u> | <u>cleaned both hand sinks and went over rules in regards to "hand washing station only"</u> |
| <u>4/29/23</u> | <u>Re-washed dishes on storage rack. went over proper dish washing procedures. stored them on a prep table while the rack is being cleaned.</u> |
| <u>4/29-30</u> | <u>cleaned outside & under oven</u> |
| <u>4/29 & 5/8</u> | <u>cleaned storage rack, dish area walls, base of walk & floor in dish area</u> |

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

Name of Respondent: Tiffany Ruch Title: General Manager

Establishment Name: Little Caesar's

Address: 1325 W. 4th St.