



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 Chuckwagon Pizza		Telephone Number (765) 922-7789	Date of Inspection (mm/dd/yr) 4/19/25	ID # 27	
Establishment Address (number and street, city, state, ZIP code) 213 So. Washington St., Marion		Owner Brian Hall	Follow-up NO 10 Days		
Owner's Address Same		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>		
Person in Charge Brian			Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Responsible Person's E-mail _____					
Certified Food Handler Brian Hall 9/11/24					
<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
			476 violations		
Received by (name and title printed): BRIAN Hall			Inspected by (name and title printed): Angela Hallum		
Received by (signature): Brian Hall			Inspected by (signature): Angela Hallum #510		
cc:			cc:		