



## **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 <b>Chuckwagon Pizza</b>	Telephone Number ( 765 ) 922-7989	Date of Inspection (mm/dd/yr) <b>4/10/25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>21350 Highpoint, Minn</b>			
Owner <b>Brian Hall</b>	Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  <hr/> <b>None</b>	Follow-up	Release Date <b>NOT 100 days</b>
Owner's Address <b>None</b>	Summary of Violations:  <b>C - NC - R -</b>		
Person in Charge <b>Brian</b>	Menu Type (See back of page)  <b>1 2 X 3 4 5</b>		
Responsible Person's E-mail <b>None</b>			
Certified Food Handler <b>Brian Hall</b>	9/11/24		

• 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”

Received by (name and title printed):

*Received by (name and title printed).*  
**BRIAN HAI**

Inspected by (name and signature)

inspected by (Name and Title printed) Wesley A. Smith LM

~~Received by (signature)~~

*[Signature]*

Inspector's signature:

Inspector's Signature:

CC:

CC

CC