# 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** ( ) Establishment ( ) Owner 661-4815 | **Date of Inspection** (*mm/dd/yr*): 3/15/24 | **ID #**: 27 |
| **Establishment Address** (*number and street, city, state, ZIP code*): 203 S Washington St | | | |
| **Owner**: Brian Hall | **Purpose:** 1. Routine | **Follow-up**: NO | **Release Date**: 10 days |
| **Owner's Address**: Same | 2. Follow-up | **Summary of Violations:** | |
| **Person in Charge**: Brian | 3. Complaint | C___ NC___ R___ | |
| **Responsible Person's E-mail** | 4. Pre-Operational<br>5. Temporary<br>6. HACCP | **Menu Type** (*See back of page*) | |
| **Certified Food Handler**: Brian | 7. Other (*list*) _____ | 1___ 2 X 3___ 4___ 5___ | |

- 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 |
|---|---|---|---|---|
| | | | NO Violations | |

| | |
|---|---|
| Received by (*name and title printed*): Brian Hall Owner | Inspected by (*name and title printed*): April Teague FSD |
| Received by (*signature*): B Hall | Inspected by (*signature*): April Teague |
| cc: | cc: |
| | cc: |