



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 <u>Fairmount Pizza King/Mason Jar</u>	Telephone Number () <u>765</u> () Establishment () Owner <u>948-5464</u>	Date of Inspection (mm/dd/yr) <u>2/21/20</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>824 W. Mill St., Fairmount</u>			
Owner <u>Tim Page</u>	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) <u></u>	Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner's Address <u>Same</u>	Summary of Violations: <input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> R		
Person in Charge <u>Tim</u>	Menu Type (See back of page)		
Responsible Person's E-mail <u>Rochelle Page</u>	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <u>Rochelle Page</u>	12/22/20		

- 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):

Inspected by (name and title, if rated)

Received by (signature):

11. 1990

CC

CCV

65