



# 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<br><i>Fazoli's #1640</i>  | Telephone Number<br>(   )      765<br>Establishment<br>Owner<br><i>Fazoli's Joint Venture Ltd</i>   | Date of Inspection<br>(mm/dd/yr)<br><i>4/8/25</i> | ID #<br><i>27</i>              |
| Establishment Address (number and street, city, state, ZIP code)<br><i>2922, 30 Western Ave. Miami</i> | 1668-2298   |   |                                |
| Owner<br><i>Samy Michael</i>   | Purpose:<br><ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 1. Routine</li><li><input type="checkbox"/> 2. Follow-up</li><li><input type="checkbox"/> 3. Complaint</li><li><input type="checkbox"/> 4. Pre-Operational</li><li><input type="checkbox"/> 5. Temporary</li><li><input type="checkbox"/> 6. HACCP</li><li><input type="checkbox"/> 7. Other (list)<br/><i>None</i></li></ul> | Follow-up<br><i>NO</i>                            | Release Date<br><i>10 Days</i> |
| Owner's Address  | Summary of Violations:  |   |                                |
| Person in Charge<br><i>Samy Michael</i>  | <input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> R   |   |                                |
| Responsible Person's E-mail<br><i>—</i>  | Menu Type (See back of page)  |   |                                |
| Certified Food Handler<br><i>None</i>  | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 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"

Received by (*name and title printed*):

by (name and title printed): Michael Pagley

Inspected by (name and title printed)

Impacted by (signature):

Received by (signature):

by (signature): 

Impacted by (signature):

CC

CC.

cc