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 Tazoli's #1646	**Telephone Number** ( ) Establishment ( ) Owner 765-668-1298	**Date of Inspection** (mm/dd/yr) 10/18/24	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 2922 E. Western Ave. Marion			
Owner Tazoli's Joint Venture, LTD	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 Days
Owner's Address Lexington KY	2. Follow-up	**Summary of Violations:** C 1 NC 2 R 2	
Person in Charge Brooke	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Brooke Issued 11/2020	5. Temporary	**Menu Type** (See back of page) 1 2 3 4 5	
	6. HACCP		
	7. Other (list)		

- **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
295	NC	✓	The following NC food contact items noted with dried food 1) Blue floor Blower by 2) Under back Prep table - shelf 3) Sauce warmer top/sides, to include shelf above	ASAP
409	NC	✓	+/- 10 ceiling tiles in dining area noted discolored	
295	C		Shelf above pizza prep area noted w/ dust/grease & dried food - Needs cleaned - to include dirty dishes setting	

Received by (*name and title printed*): Brooke Callahan

Received by (*signature*): Brooke Callahan

Inspected by (*name and title printed*): Angela Kittle-Collins

Inspected by (*signature*): Angela Kittle-Collins #510

cc:	cc:	cc: