



**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 Fazolis 1640	Telephone Number (765) Establishment 668-7298	Date of Inspection (mm/dd/yr) 6-19-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 2922 S Western Ave Marion	Owner 668-7298	Follow-up NO	Release Date 10 days
Owner Fazolis Joint Venture	Purpose: 1. Routine	Summary of Violations: C 2 NC 2 R 3	
Owner's Address 2470 Palumbo Dr KY	2. Follow-up	Menu Type (See back of page)	
Person in Charge William Smith	3. Complaint	1 2 X 3 4 5	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Heather Wright Exp 2024	5. Temporary		
	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 'Non Food' contact items are soiled dried food X 1) tables and booths in dining room area from night before X 2) Bread stick cart on sides where trays slide IN 3) Inside floor cooler 4) Scales IN back on metal rack	Today
295	C	X	Dishes stored clean on rack are soiled	
166	C		True cooler up front not maintaining 41° or below IF: Italian Sausage 51° Pepperoni 50°	Items Removed
430	NC		Ceiling Vent-Fans covered in dust	Today

Received by (name and title printed): Heather Wright	Inspected by (name and title printed): Scott Kendall FS10 / Dawn Small FS10
Received by (signature): <i>Heather Wright</i>	Inspected by (signature): <i>Scott Kendall FS10 / Dawn Small FS10</i>
cc:	cc: