



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 Babriella's Old Time Pizza		Telephone Number (765) 5736033	Date of Inspection (mm/dd/yr) 2-14-25	ID # 37
Establishment Address (number and street, city, state, ZIP code) 202 Main St., Bus City				
Owner Sabriella Padua	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) None	Follow-up NO	Release Date 10 Days	
Owner's Address None	Summary of Violations: — — — C NC R			
Person in Charge Sabriella Padua	Menu Type (See back of page) 1 2 3 X 4 5			
Responsible Person's E-mail None				
Certified Food Handler Sabriella Padua Exp 5/17/27				

• 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):

GABRIELLA RANDA

Extracted by Sigma and title provided

Inspected by Name and title for record.

CHAPTER

Received by (signature): 
cc: cc:

~~1000000~~

Inspected by (signature) *John* 7510
cc:

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203

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