



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**

1-26

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 <i>Greco's Pizzaria</i>	Telephone Number () Establishment <i>766</i>	Date of Inspection (mm/dd/yr) <i>7/11/15</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>62 E. Berry Ave., Upland</i>	Owner <i>William Sabruni Mixon</i>	Owner <i>998-8005</i>	
Owner <i>William Sabruni Mixon</i>	Purpose: <ul style="list-style-type: none">1. Routine2. Follow-up3. Complaint4. Pre-Operational5. Temporary6. HACCP7. Other (list) <i>None</i>	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner's Address <i>Same</i>	Summary of Violations: <i>P - DC - R</i>		
Person in Charge <i>Tom</i>	Menu Type (See back of page) <i>1 2 X 3 4 5</i>		
Responsible Person's E-mail <i>_____</i>			
Certified Food Handler <i>William Mixon</i>			

- 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/N/C	R	Narrative	To Be Corrected By
306(a) C			<p>The following "Non Food Contact" area soiled with dry food and other debris pizza (pizza trays) to in the include wall behind</p>	Touchy

P - Priority = Critical
PF - Priority Foundation = ASAP
C - Core = Non Critical

Received by (name and title printed):

(Signature): Ian Haynes G.P.M.

Inspected by (name and title printed): *[Signature]*

Received by (signature):

7 (signature):

GCN

Inspected by (signature): 
cc: 

CC:

CC

66

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: July 18, 2025

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH
DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health
Department Food Safety Officer Dean Small / Angela McCollum on 7-11-25

DATE / ACTION TAKEN

7-18 / lifted up oven to sweep
the dust/debris off the oven

7-18 / sprayed and cleaned spot
on the wall by the oven.

(Please forward this form to the Grant County Health Department by
Mail / Fax with 10 days)

Name Ian Haynes Title General Manager

Establishment Greeks Pizza

Address 62 E Berry Street, Upland Indiana, 46989