



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 <b>Shree's Pizzeria</b>		Telephone Number ( ) <b>765-998-8005</b>		Date of Inspection (mm/dd/yr) <b>7/11/25</b>		ID # <b>27</b>	
Establishment Address (number and street, city, state, ZIP code) <b>62 E. Berry Ave., Upland</b>		Owner <b>William &amp; Sabrina Miron</b>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____		Follow-up <b>NO</b>	
Owner's Address <b>Same</b>		Person in Charge <b>Jan</b>		Summary of Violations: <b>P - PF - C</b>		Release Date <b>10 Days</b>	
Responsible Person's E-mail _____		Menu Type (See back of page) 1 ____ 2 <b>X</b> 3 ____ 4 ____ 5 ____					
Certified Food Handler <b>William Miron</b>		<b>5/20/25</b>					
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>							
Section#	C/N/C	R	Narrative	To Be Corrected By			
306(a)	C		The following "Non Food Contact" area soiled with dry food and other debris (pizza boxes/trays) to include wall behind	Today			
<p>P - Priority = Critical</p> <p>PF - Priority Foundation = ASAP</p> <p>C - Core = Non Critical</p>							
Received by (name and title printed): <b>Jan Haynes</b>				Inspected by (name and title printed): <b>Angela R. McCallum</b>			
Received by (signature): <b>Jan Haynes</b>				Inspected by (signature): <b>Angela R. McCallum</b>			
cc:				cc:			

## 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

<u>DATE</u>	<u>ACTION TAKEN</u>
<u>7-18</u>	<u>Lifted up oven to sweep</u>
	<u>the dust/debris off the oven</u>
<u>7-18</u>	<u>sprayed and cleaned spot</u>
	<u>on the wall by the oven.</u>

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

Name Tom Haynes Title General Manager

Establishment Greeks Pizza

Address 62 E Berry Street, Upland Indiana, 46989