



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 <u>King Cyrus Restaurant</u>		Telephone Number <u>768</u> Establishment <u>768</u> Owner <u>768</u> 1944	Date of Inspection (mm/dd/yr) <u>4-21-25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>215 N Miller Ave</u>				
Owner <u>Jimmy Nikolulis</u>		Purpose: <ol style="list-style-type: none"> <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u> </u> 	Follow-up <u>N/0</u>	Release Date <u>10 days</u>
Owner's Address <u>Fronwood Dr</u>		Summary of Violations: <u>C</u> <u>NC</u> <u>R</u>		
Person in Charge <u>Sue</u>		Menu Type (See back of page) <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>		
Responsible Person's E-mail <u> </u>				
Certified Food Handler <u>Tyson Rumble exp 2028</u>				

- 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):

Interacted by (name and title printed):

SUE T. J.

John Smith

Received by (signature):

Inspected by (signature):

卷之三

www.ijerpi.org

1