



**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 <b>King Gyros</b>	Telephone Number ( ) Establishment <b>608-1944</b>	Date of Inspection (mm/dd/yr) <b>3/18/24</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>215 S Miller Ave</b>	Owner <b>Jimmy Nikoulis</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner's Address <b>Same</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C 1 NC 3 R -</b>	
Person in Charge <b>Stephanie</b>	2. Follow-up	Menu Type (See back of page) <b>1 2 3 <u>X</u> 4 5</b>	
Responsible Person's E-mail	3. Complaint		
Certified Food Handler <b>Tyson 8/16/28</b>	4. Pre-Operational		
	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
<b>252</b>	<b>NC</b>		<b>Silverware wrapped incorrectly - only handles should be exposed</b>	<b>Today</b>
<b>297</b>	<b>NC</b>		<b>Ice machine has black residue on black flap</b>	
<b>295</b>	<b>C</b>		<b>Metal bin above 3 bay sink beside grill &amp; fryer areas are storing clean utensils is soiled with dried food</b>	
<b>298</b>	<b>NC</b>		<b>Microwave handles soiled</b>	

Received by (name and title printed): <b>Stephanie Rogers</b>	Inspected by (name and title printed): <b>April Legare FS10</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc: