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 King Gyros Restaurant	**Telephone Number** ( ) Establishment ( ) Owner 765 668 1944	**Date of Inspection** (*mm/dd/yr*) 8/28/24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 215 So. Miller Ave., Marion			
Owner Jimmy Nikolulis	**Purpose:** (circled: 1) 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** NO	**Release Date** 10 Days
Owner's Address 1403 Ironwood Dr., Marion		**Summary of Violations:** C____ NC____ R____	
Person in Charge Sue			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1___ 2___ 3 X 4___ 5___	
Certified Food Handler Tyson Rumple issued 8/16/23			

- 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
			No violations	

Received by (*name and title printed*): Sue Bartlett	Inspected by (*name and title printed*): Angela McCollum
Received by (*signature*): Sue Bartlett	Inspected by (*signature*): [signature] 8/10
cc:	cc: / cc: