



**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 PC Brick Oven Pizzeria, LLC	Telephone Number () Establishment (606) 6312	Date of Inspection (mm/dd/yr) 3/12/24	ID # 27
Establishment Address (number and street, city, state, ZIP Code) 2018 W 2nd St Marion	() Owner (606) 6312	Follow-up NO	Release Date 10 days
Owner Stephanie Brown	Purpose: 1. Routine	Summary of Violations: C 1 NC 5 R -	
Owner's Address Same	2. Follow-up	Menu Type (See back of page) 1 2 3 X 4 5	
Person in Charge Kristine	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Kristine Wardwell 5/21/2027	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
129	C		Employee observed putting gloves on without washing hands	Today
138	NC		Employee observed cooking without hair restraint	[Large blue wavy line]
			<u>BAR SIDE</u>	
295	NC		Stand up cooler behind bar soiled with dried food	
433	NC		Wet mop laying directly in empty mop bucket	
			<u>Pizza Side</u>	
295	NC		All coolers are soiled inside with dry food	
298	NC		Microwave inside/out soiled with dried food	
310	NC		Intake vent above Pizza oven heavily soiled with dust	

Received by (name and title printed): Kristine Wardwell	Inspected by (name and title printed): April Legare FS10
Received by (signature): <i>Kristine Wardwell</i>	Inspected by (signature): <i>April Legare</i>
cc:	cc: