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 Papa Johns #297	**Telephone Number** ( ) Establishment 765 ( ) Owner 668 7272	**Date of Inspection** (*mm/dd/yr*) 10/21/24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 826 N. Baldwin Ave, Marion			
Owner Vadeem Bajwa	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 Days
Owner's Address Same	2. Follow-up	**Summary of Violations:**	
Person in Charge Owner	3. Complaint	C ~~-~~ NC 3 R 1	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler Tonya Cole issued 5/25/22	5. Temporary	1 2 ✓ 3 4 5	
	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
310	NC		Dust on Blue Box covers on walls in cooler - needs cleaned	ASAP
402	NC	X	Inside cooler and just outside door of cooler chipped floor tiles - floor need to be smooth easy cleanable	
409	NC		+/- 5 ceiling tiles brown in color - missing. Replace	

Received by (*name and title printed*): Alexis Arnold

Received by (*signature*): Alexis Arnold

Inspected by (*name and title printed*): Angela Kay McCallum

Inspected by (*signature*): [signature] 7510

cc: | cc: | cc: