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	**Telephone Number**: ( ) Establishment ( ) Owner 6608-7272	**Date of Inspection** (*mm/dd/yr*): 3-14-24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 826 N Baldwin Ave			
Owner: Nadeem Bajwa	**Purpose**: 1. Routine (circled)	**Follow-up**: NO	**Release Date**: 10days
Owner's Address: Boardman, OH	2. Follow-up	**Summary of Violations**:	
Person in Charge: Justin	3. Complaint	C— NC 2 R—	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Kyle Nelson 5/25/27	5. Temporary 6. HACCP 7. Other (*list*) _____	1 2 X 3 4 5	

- 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
433	NC		Wet mop sitting directly in ~~drip~~ drip bucket	Today
402	NC		(Front of Store near Pizza boxes) has 3 Chipped Floor tile	ASAP

Received by (*name and title printed*): Justin

Received by (*signature*): Justin

Inspected by (*name and title printed*): April Legare FS10

Inspected by (*signature*): April Legare

cc: | cc: | cc: