



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 <u>1330, Hut - Las City</u>	Telephone Number () <u>765</u> Establishment <u>614-7774</u> Owner	Date of Inspection (mm/dd/yr) <u>2-5-25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>716 East Main, Las City</u>			
Owner <u>Pere Pizzi's, INC</u>	Purpose: <ul style="list-style-type: none"><input checked="" type="radio"/> 1. Routine<input type="radio"/> 2. Follow-up<input type="radio"/> 3. Complaint<input type="radio"/> 4. Pre-Operational<input type="radio"/> 5. Temporary<input type="radio"/> 6. HACCP<input type="radio"/> 7. Other (list) <u> </u>	Follow-up <u>NO</u>	Release Date <u>10 Days</u>
Owner's Address <u>Sample</u>	Summary of Violations: <u>C NC R</u>		
Person in Charge <u>Derek</u>	Menu Type (See back of page) <u>1 2 3 4 5</u>		
Responsible Person's E-mail <u> </u>			
Certified Food Handler <u>Derek Anderson</u>			

- 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"

Received by (name and title printed):

Derek Anderson

Inspected by (name and title printed)

Inspected by James G. Miller, M.D.
James G. Miller 1510

Received by (signature):

Def. Adm.

Inspected by (signature)

~~10~~ 10

cc:

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