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 Pizza King / Maconjax	**Telephone Number** ( ) Establishment 765 ( ) Owner 948-3464	**Date of Inspection** (*mm/dd/yr*) 9-19-24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 824 N. Mill St., Fairmount			
Owner Tim Page	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 Days
Owner's Address 6102 So. Nebraska St., Marion	2. Follow-up	**Summary of Violations:** — — —	
Person in Charge Tim	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler Rochelle Page 12/25	5. Temporary	1___ 2 X 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
			No Violations	

Received by (*name and title printed*): Tim Page	Inspected by (*name and title printed*): Angela Rinn-Callum
Received by (*signature*):	Inspected by (*signature*): 7510

cc:	cc:	cc: