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 / Masontar	**Telephone Number** ( ) Establishment ( ) Owner 948-5464	**Date of Inspection** *(mm/dd/yr)* 3/20/24	**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** 10days
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C____ NC____ R____	
Person in Charge Darrick Cain	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1___2_X_3___4___5___	
Certified Food Handler Rochelle Page 12/2025			

- 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
295	C		Ice machine has Rust & dark Residue on inside flap	Today

Received by (*name and title printed*): DARRICK CAIN

Received by (*signature*): D K C

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

Inspected by (*signature*): April Legare

cc: | cc: | cc: