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 - South	**Telephone Number** ( ) Establishment ( ) Owner 674-6966	**Date of Inspection** (*mm/dd/yr*) 10/22/24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 3104 So Adams St, Marion			
Owner Pizza King of Marion INC	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 Days
Owner's Address Same	2. Follow-up	**Summary of Violations:**	
Person in Charge Don Bishop	3. Complaint	C 1 NC – R –	
Responsible Person's E-mail —	4. Pre-Operational		
	5. Temporary	**Menu Type** (*See back of page*)	
Certified Food Handler Don Bishop 11/2/2024	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
191	C		Items not dated or marked in walk in cooler 1) Tomato paste 2) Ham 3) Pepperoni 4) Kissio Need to have name/date opened or use by date	Today

Received by (*name and title printed*): DONALD C. BISHOP	Inspected by (*name and title printed*): Angela R. McCollum
Received by (*signature*): Donald C Bishop	Inspected by (*signature*): [signature]
cc:	cc:

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