# 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 Hut Gas City<br>**Establishment Address** (*number and street, city, state, ZIP code*) | **Telephone Number**<br>( ) Establishment<br>( ) Owner 674-7774 | **Date of Inspection** (*mm/dd/yr*) 2-8-24 | **ID #** 27 |
| **Owner** 702 E Main St<br>**Owner's Address** Peru Pizza Co INC<br>**Person in Charge** MAX<br>**Responsible Person's E-mail**<br>**Certified Food Handler** MAX Friend 10/31/29 | **Purpose:**<br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (*list*) | **Follow-up** / **Release Date** 10 days<br>**Summary of Violations:**<br>C____ NC____ R____<br>**Menu Type** (*See back of page*)<br>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 |
|---|---|---|---|---|
| 310 | NC | | Hood Vents in Kitchen above Fryer heavily soiled with Dust | Today |

Received by (*name and title printed*): MAX Friend

Received by (*signature*): MAX Friend

Inspected by (*name and title printed*): Amy Logare FSD

Inspected by (*signature*): Amy Logare

cc: | cc: | cc: