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

7-26 AMC

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: Daddy O BBQ & Pizza	Telephone Number ( ) Establishment 765 ( ) Owner 5734023	Date of Inspection (mm/dd/yr): 5/28/25	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 205 E Washington St. Marion			
Owner: John Drake	Purpose: 1. Routine ~~2. Follow-up~~ 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up: NO	Release Date: 10 Days
Owner's Address: Same		Summary of Violations: P PF C	
Person in Charge: John Drake			
Responsible Person's E-mail: —		Menu Type (See back of page): 1 2 3 X 4 5	
Certified Food Handler: John Drake 10/23/22			

- 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*): JOHN DRAKE

Received by (*signature*):

Inspected by (*name and title printed*):

Inspected by (*signature*):

cc: | cc: | cc: