

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<br><b>Pizza Hut</b>                                                                                                |      | Telephone Number<br><b>(662) 785-2701</b>                                                                                   |                                                              | Date of Inspection<br>(mm/dd/yr)<br><b>4/23/25</b> | ID #<br><b>27</b>              |
| Establishment Address (number and street, city, state, ZIP code)<br><b>939 W. Baldwin Ave., Macon</b>                                 |      |                                                                                                                             |                                                              |                                                    |                                |
| Owner<br><b>Rene Pizza Co Inc</b>                                                                                                     |      | 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<br><b>NO</b>                             | Release Date<br><b>10 Days</b> |
| Owner's Address<br><b>Bonita</b>                                                                                                      |      |                                                                                                                             |                                                              | Summary of Violations:<br><b>C NC 2 R</b>          |                                |
| Person in Charge<br><b>Charles</b>                                                                                                    |      |                                                                                                                             |                                                              | Menu Type (See back of page)<br><b>1 X 3 4 5</b>   |                                |
| Responsible Person's E-mail                                                                                                           |      |                                                                                                                             |                                                              |                                                    |                                |
| Certified Food Handler<br><b>Laura Toboyska</b>                                                                                       |      | <b>12/9/22</b>                                                                                                              |                                                              |                                                    |                                |
| <b>* CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</b>                                              |      |                                                                                                                             |                                                              |                                                    |                                |
| <b>* VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</b> |      |                                                                                                                             |                                                              |                                                    |                                |
| Section#                                                                                                                              | C/NC | R                                                                                                                           | Narrative                                                    | To Be Corrected By                                 |                                |
| 295                                                                                                                                   | NC   |                                                                                                                             | Pizza Oven cooled with dust/dry food debris on top and sides | today                                              |                                |
| 308                                                                                                                                   | NC   |                                                                                                                             | H/A C vents has dust on them to include +/- ceiling tiles    |                                                    |                                |
| Received by (name and title printed):<br><b>Charles Marley</b>                                                                        |      |                                                                                                                             |                                                              |                                                    |                                |
| Inspected by (name and title printed):<br><b>Angelica McCallum</b>                                                                    |      |                                                                                                                             |                                                              |                                                    |                                |
| Received by (signature):<br><b>[Signature]</b>                                                                                        |      |                                                                                                                             |                                                              |                                                    |                                |
| Inspected by (signature):<br><b>[Signature]</b>                                                                                       |      |                                                                                                                             |                                                              |                                                    |                                |
| cc:                                                                                                                                   |      | cc:                                                                                                                         |                                                              | cc:                                                |                                |

## Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123  
Fax 765-651-2419

Date: 4-23-25

765-651-2401 (Phone) 765-651-2419 (Fax)  
Grant County Health Department  
401 South Adams Street  
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 4/23/25

| <u>DATE</u>    | <u>ACTION TAKEN</u>                                                                                                  |
|----------------|----------------------------------------------------------------------------------------------------------------------|
| <u>4-23-25</u> | <u>Swept top of Oven off washed top and side of oven</u>                                                             |
| <u>4-23-25</u> | <u>Cleaned Hvac Screens &amp; surrounding area of dust and dirty / washed ac vents had build up of dust on them.</u> |

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Charles Marly Title Shift Manager  
Establishment Pizza Hut  
Address 935 N. Baldwin Ave.