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 To Your Door Pizza	**Telephone Number** ( ) Establishment (765) Owner 664-2298	**Date of Inspection** *(mm/dd/yr)* 11/15/24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 206 S. Branson, Marion	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** OKay
Owner Estela Lines	2. Follow-up	**Summary of Violations:**	
Owner's Address Same	3. Complaint	C – NC 3 R –	
Person in Charge Stephanie	4. Pre-Operational		
Responsible Person's E-mail	5. Temporary	**Menu Type** *(See back of page)*	
Certified Food Handler Stephanie Darby 12/23	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
408	NC	X	Dust on ceiling around pizza oven	ASAP
409	NC		+/- 3 ~~ft~~ ceiling tile of brown in color in storage area.	
430	NC		~~flooring throughout~~ Kitchen & back area. Missing/broken out - need replaced	

Received by (*name and title printed*): Stephanie Darby
Received by (*signature*): Stephanie Darby

Inspected by (*name and title printed*): A McCollum
Inspected by (*signature*): A McCollum 7510

cc: | cc: | cc: