

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.

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Estal flishment Name	Telephone Number	Date of Inspection ID #
Kizza Kut	Establishment	(mm/dd/yr)
Establishment Address (number and street, city, state, ZIP code)	(Nowner all	11-5-10 12-7
7026 MAIN St.	1,14,200	1// 3//8/6//
Owaen	Purpose:	Follow-up Release Date
The time of the	1	10 10 0
Owner's Address	1. Routine	140 10001995
	2. Follow-up	Summary of Violations:
P.O. Box 78,4950 KS	3. Complaint	
Person in Charge (4. Pre-Operational	C NC R
171 INJAHIN	5. Temporary	
Responsible Person's E-mail	6. НАССР	Menu Type (See back of page)
N/17		1/
Certified Food Handler	7. Other (list)	12/345
Al MANN DED 9-2019		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MADKED "C"	
• CRITICAL HEWIS ARE IDENTIFIED IN 1 HW 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
295 CB PASTIC hisket located	in brest has	Remaried
	1	100,000
plastic tongs stored Cl	em however	
dried for of them.		
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246 11/ 7/2016 / 1 200	M'1 1/2 1 200	172 /2
248 MC The interior of Amount	Mickowawe	1000
15 801/0		
MISO Oren table unde	e it has do	cal
Police of the modern time the		
tald depres		
Received by (name and title printed):	Inspected by (name and title p	printed):
	1 march	and Bets
Al Majin	JUNIO J	m 19/1 // 1/2
Received by (signature).	Inspected by (signature):	11/1 0-12
	Whom AM	WI KAN
сс: сс:	· post of ac	cc: