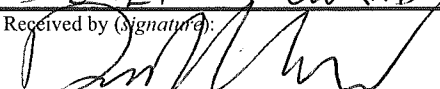
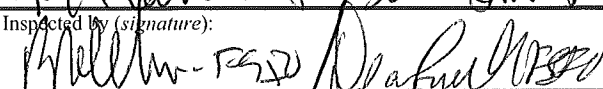


Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name GRAV / GRILL - PIZZA		Telephone Number 765 948 4193		Date of Inspection (mm/dd/yr) 11/29/18		ID # 27	
Establishment Address (number and street, city, state, ZIP code) 467 W WASHINGTON ST FAIRMONT		() Owner		Follow-up NO		Release Date	
Owner JOANNIE / BERRY HOWARD		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____		Summary of Violations: C ___ NC ___ R ___			
Owner's Address 959.5 So. 350E. FAIRMONT.				Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 ___ 5 ___			
Person in Charge Derek HOWARD							
Responsible Person's E-mail N/A							
Certified Food Handler KORAK LADD exp 8-15-23							
• 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/N/C	R	Narrative			To Be Corrected By	
			NEED CAULK SINK (HANDSINK) AND 3-BAY			BEFORE	
			WHERE IT ATTACHED TO WALL			OPEN	
			NEED TEST STRIPS FOR SANITIZER				
			OK TO OPEN 12-5-18				
			LABEL CONTAINERS				
			NEED SICK EMPLOYEE POLICY IN PLACE.				
Received by (name and title printed): DEREK HOWARD			Inspected by (name and title printed): Rick Can. FSD / DEAN SMITH				
Received by (signature): 			Inspected by (signature): 				
cc:			cc:			cc:	