



**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 <i>The Kitchen</i>	Telephone Number () Establishment <i>765-506-1047</i> () Owner	Date of Inspection (mm/dd/yr) <i>6-29-17</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3203 S Hamaker St Marion, IN</i>			
Owner <i>Angie & Ivory Mallory</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. <u>Pre-Operational</u> 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner's Address <i>Same</i>		Summary of Violations: <i>C _ NC _ R _</i>	
Person in Charge <i>Angie Mallory</i>		Menu Type (See back of page) <i>1 _ 2 X 3 _ 4 _ 5 _</i>	
Responsible Person's E-mail <i>-</i>			
Certified Food Handler <i>Signed up 7-20-17</i>			

- 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
			<i>Ready to open once the owner gets their certified food handler. Class is scheduled for July 20th, 2017.</i>	
			<i>No violations for the food truck at this inspection.</i>	
			<i>Notes: Need digital thermometer Need backflow prevention device.</i>	

Received by (name and title printed): <i>Angie Mallory</i>	Inspected by (name and title printed): <i>Traci Little -FSIO</i>
Received by (signature): <i>Angie Mallory</i>	Inspected by (signature): <i>Traci Little -FSIO</i>
cc:	cc: