

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.

The time lim	it for corr	ection	of each violation is specified in the narrative portion of the					
Establishmer	nt Name I DUT K	Í	PEARL	Telephone Number	Date of Inspection (mm/dd/yr)		то# 27	
Establishme	nt Address	(nun	ther and street, city, state ZIP code)	() Owner				
Owner_			ZHU	Purpose: 1. Routine	Follow-up Release Date ND 113418			
Owner's Ad	dress	5 '	c" St. GAS Cuty	2. Follow-up 3. Complaint	Summary of Violations:			
Person in Cl	harge		; Zhu	4. Pre-Operational 5. Temporary	c <u>3</u> nc <u>2</u> r <u>3</u>			
Responsible				6. НАССР	Menu Type (See back of page)			
Certified Fo	od Handle	r) (_ 1 1	7. Other (list)	12_3 <u>X</u> 45			
**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"								
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	SUMMARY OF VIOLATIONS A				
Section#	C/NC	R	Narrative			and the commence of the second	orrected By	
345	C:	X	THE HANDSINK MSOLL	FOOD DELDE	15 m	t	DDAY	
773								
			- fanosinx					
			v ·					
1310	BID NC THE HOOD SYSTEM (VERTS) ARE SOIGD TODAY WITH GREASE LINT & othER DEBRIS						JDAY	
210	310 NC THE HOOD SYSTEM (VEHTS) ARE SOLED (UDIT)							
·	WITH GREADE WAT & OTHER DEDRIC							
107	87 C Z Containers of CHICKEN, TEMPED DISCARDED							
101		COVITATION DE ALOR DE REINDO						
			2 Containers of CHICKEN, TEMPED DISCARDED AT 55°F 157°F & 2 PANS RICE NOT BY OWNER					
			mandain g 41°C					
		<u> </u>	11.00-000	***				
000		1		1000	. 1.		20.41	
1295	C	C X THE CAN OPENER BLADE / BASE HOAVILY TODAY						
1	SoilED WITH OLD FOOD DEBRIS							
			DIVED BOTTA CON				"	
					1 11		-2011	
121	A31 NC X THE FLOOR UNDER All EQUIPMENT & GRILLS TUDAY SOILED WITH GREASE FROD AND OTHER						TODAY	
	GOLOW WITH GREAGE TRAN AND OTHER							
		-	21 -	COLD VIVID C.				
L			De bris					
ļ	-	+						
Peceived by (name and title printed): Inspected by (name and title printed):								
* Ro Tong 2hm Palalam Tong 2hm								
Received by (signature): Inspected by (signature):								
cc:	, —		cc:					

• Attach additional sheets as needed.

tate Form 80047 (2-01)	GRANT COUNTY H	EALTH DEPARTMENT
Phone 765-651-2401 Fax 765-651-2419		DATE: 11 20 18
Grant County Hea 401 S. Adams St. Marion, IN. 4695	3	
The following is a respor Carr / Dean Small_from t	nse to the inspection report execut he Grant Co. Health Department or	red by the Grant Co. Health Department Food Safety Officer <u>Dale</u>
DATE: 11/20/18	Action Taken: Section #1: 345	The handsink had been clean.
11/20/18	Section #1: 310	The hood system had been den
<u> </u>	Section#: 187.	Calected of Container of rice and keep them in right temperature. The Can opener had been clean.
11/20/18	Section#: 295 Section#: 481	Dine for clean the floor.
•	1	JNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).
Name of Respondent:	: BO long Zhra	Title: <u>DWNET</u>
Establishment Name:	Oriental Peas	-1. Asian Bistro.
Address: 1036	E Main ST. Gas	City, IN 46933