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 Tiki Hut / Noble Romans	**Telephone Number** (765 Establishment ( ) Owner 948-5222	**Date of Inspection** (*mm/dd/yr*) 9-28-20	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 116 W Washington St Fairmount			
Owner Stephen Mathews	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address 1010 N Tuhan AZ	2. Follow-up	**Summary of Violations:**	
Person in Charge Antonio	3. Complaint	C — NC 2 R —	
Responsible Person's E-mail —	4. Pre-Operational		
	5. Temporary	**Menu Type** *(See back of page)*	
Certified Food Handler Stephen Mathews Exp 8-2024	6. HACCP	1 2 3 4 5	
	7. Other (*list*) —		

- 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
239	NC		2 Pronged Fork Stored on Metal Rack in Prep area was soiled with dried food debris	Today
285	NC		Top of oven to include Racks inside and out are heavily soiled with food debris	Today

Received by (*name and title printed*): Amber Eldridge	Inspected by (*name and title printed*): Scott Kikendall
Received by (*signature*): Amber Eldridge	Inspected by (*signature*): Scott Kikendall EHO
cc:	cc:
cc:	