



**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 <u>Bobo's Bay</u>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <u>4/29/23</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>1122 S. McClure Marion</u>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>no</u>	Release Date <u>10 days</u>
Owner <u>Rogerio G. Pena</u>		Summary of Violations: <u>C 0 NC 3 R 1</u>	
Owner's Address <u>3202 S Washington</u>		Menu Type (See back of page)	
Person in Charge <u>Raylene</u>		1 ___ 2 ___ 3 <u>X</u> 4 ___ 5 ___	
Responsible Person's E-mail			
Certified Food Handler <u>Harmony Downsam</u>			

- 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
295	NC	X	The following non food contact items are soiled with Grease/Food debris ± Back splash on Fryer and Grill	
305	NC		Hood system heavily soiled with Grease	
298	NC		Microwave soiled with food debris	

Received by (name and title printed): <u>Raylene Collins</u>	Inspected by (name and title printed): <u>Kyle Kellogg Food Inspector</u>
Received by (signature): <u>Raylene Collins</u>	Inspected by (signature): <u>Kyle Kellogg</u>
cc:	cc: