



**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>China One</i>		Telephone Number <i>765</i> Establishment <i>998-6688</i> Owner	Date of Inspection <i>2/28/23</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6714 E Amy Way DR GAS CITY</i>		Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Hong Kong Zheng</i>		Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/> Menu Type (See back of page) <u>1</u> <u>2</u> <u>3</u> <u>X</u> <u>4</u> <u>5</u>		
Owner's Address <i>8 Colony Way GAS CITY</i>				
Person in Charge <i>Hong</i>				
Responsible Person's E-mail				
Certified Food Handler <i>HONG KONG ZHENG Exp 2/2023</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/NC	R	Narrative	To Be Corrected By
			<i>No Violations</i>	

Received by (name and title printed): <i>Zheng Hong Kong</i>	Inspected by (name and title printed): <i>Scott K. Kendall / Dawn Smith</i>
Received by (signature): <i>Zheng Hong Kong</i>	Inspected by (signature): <i>Scott Kendall / Dawn Smith</i>
cc:	cc: