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: Hissho Sushi @ Meijer	**Telephone Number**: ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 1-27-23	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 3820 S Western Ave Marion			
Owner: LWW Family Company LLC	**Purpose:** 1. Routine; ~~2. Follow-up~~; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**: No	**Release Date**: 10 days
Owner's Address		**Summary of Violations:** C ___ NC ___ R ___	
Person in Charge: Johnny			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 ___ 2 ___ 3 X 4 ___ 5 ___	
Certified Food Handler: Kanin Thang Exp 11-2027			

- 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
			No Violations	

Received by (*name and title printed*): Johnny	Inspected by (*name and title printed*): Scott McKendall
Received by (*signature*):	Inspected by (*signature*): Scott McKendall FSO

cc:	cc:	cc: