



**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 <b>ORIENTAL PEARL</b>		Telephone Number (765) Establishment <b>618-71668</b> ( ) Owner	Date of Inspection (mm/dd/yr) <b>4/08/2023</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1036 E Main St, Gas city, IN, 46933</b>		Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up	Release Date
Owner <b>Botang Zhu</b>	Summary of Violations: <b>C 3 NC 3 R</b>			
Owner's Address <b>SAME</b>	Person in Charge <b>SAME</b>	Menu Type (See back of page) <b>1 2 3 X 4 5</b>		
Responsible Person's E-mail <b>Xiumei@gmail.com</b>	Certified Food Handler <b>Bo Tony Zhu exp 2/18/2024</b>			

- 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/N/C	R	Narrative	To Be Corrected By
295	NC		The following non food contact items are soiled with food debris 1) Walkin cooler storage rack heavily soiled	
430	NC		Flooring heavily soiled with food debris.	
305	NC		Hood system heavily soiled and needs serviced	
295	C		The following food contact items are soiled 1) can opener 2) Toaster oven on sushi line	
345	C		Hand sink blocked including pan/Dish in sink "Hand washing only"	
173	C		Cross contamination include the filling items 1) Food line had product on ready to eat food 2) Lemons were stored in ice bin	

Received by (name and title printed): <b>Xiumei Jiang</b>	Inspected by (name and title printed): <b>Kyle Kellogg / Debra Spang / Fel</b>
Received by (signature): <i>Xiumei Jiang</i>	Inspected by (signature): <i>Kyle Kellogg / Debra Spang / Fel</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: 4/08/2023

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 4/8/2023.

DATE:	Action Taken:
<u>4/10/23 Section#: 215</u>	<u>The food containers had been clean.</u>
<u>4/9/23 Section#: 430</u>	<u>The floor and the Walking Cooler Storage had been clean.</u>
<u>4/10/23 Section#: 305</u>	<u>We already scheduled the service for hood.</u>
<u>4/9/23 Section#: 295</u>	<u>1) Done for cleaned the can opener.</u>
<u>4/9/23 Section#: 345</u>	<u>2) Done for cleaned the oven in sushi bar.</u>
<u>4/9/23 Section#: 173</u>	<u>1) Done for move the plates in hand sink.</u>
	<u>2) Done for move the <del>pot</del> product in the ready machine.</u>
	<u>2) Done for take the lemon out from the ice <del>at the</del> machine.</u>

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Bo Tong Zhu Title: Owner

Establishment Name: Oriental Pearl

Address: 1036 E Main ST Gas City, IN 46933

Attach additional sheets as needed.

