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 AFC Sushi @ Taylor Univ	**Telephone Number** 765 Establishment ( ) Owner 998-5234	**Date of Inspection** (mm/dd/yr) 1-12-23	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 236 W Reade Ave Upland			
Owner Advanced Fresh Concept Franchise	**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 19700 Mariner Ave CA		**Summary of Violations:** C 1 NC — R —	
Person in Charge Cory Wells			
Responsible Person's E-mail —		**Menu Type** (See back of page) 1 2 3 X 4 5	
Certified Food Handler David Mawia Exp 4-8-2027			

• 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
295	C		CROCK POT / STEAMER SITTING IN PREP AREA has RICE INSIDE. SHOULD Be Stored Clean	Today

Received by (name and title printed): Cory Wells	Inspected by (name and title printed): Scott Kilendall / Ryan Small
Received by (signature): [signature]	Inspected by (signature): Scott Kilendall [signature]
cc:	cc:
	cc: