



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: Tiki Hut, Telephone Number: 765 Establishment, Date of Inspection: 2-13-23, ID #: 27, Establishment Address: 116 W Washington St Fairmount, Owner: Stephen Matthews, Purpose: Routine, Follow-up: NO, Release Date: 10 days, Person in Charge: Sandy, Certified Food Handler: Stephen Matthews Exp 8-2024

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 293, C, Tongs hanging of prep area soiled from day before, Cleaned. Row 2: 191, C, Several items with use by date expired...

Received by (name and title printed): Sandra C Williams, Inspected by (name and title printed): Scott Kendall, Received by (signature): [Signature], Inspected by (signature): [Signature]

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone: 765-651-2401 Ext 3123/3111

Fax: 765-651-2419

DATE: 2/13/23

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 2-13-23.

DATE:	Action Taken:
<u>2/13</u>	<u>Cleaned Tongs</u>
	<u>threw away outdated Fruit/nam/Jalapeno's</u>
	<u>cheese - dated new</u>
	<u>Spoke to employees about cleaning dishes</u>
	<u>& checking dates</u>

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

Name of Respondent: Darryl Weir Title: Man.

Establishment Name: Tiki Hut / Noble Romans

Address: 116 W Washington, Fairmount IN 46928

Attach additional sheets as needed.