



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 (704) 998-4488	Date of Inspection (mm/dd/yr) <i>8/8/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6714 E Amy Way Dr. Gast City</i>			
Owner <i>Hong Kong Theng</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine	Follow-up <i>NO</i>	Release Date <i>10 DAYS</i>
Owner's Address <i>same</i>	Summary of Violations: <i>P Ø P Ø C 1 R</i>		
Person in Charge <i>Zheng</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Hong Kong Theng</i>	7/1/23	Menu Type (See back of page) <i>1 2 3 4 5</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"

Received by (name and title printed):

Received by (name and title printed):
Zheng Huiyue

Inspected by (name and title printed):

Inspected by (Signature)
cc:

Received by (signature):

Received by (signature):


Inspected by (signature):

Inspected by (signature): 

667

687

205

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 8/8/25

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 _____.

Date: 8-14-25 Action Taken:

276 C

Hood System Service Scheduled for Tuesday,
September 2, 2025, 9:00 PM

Quality Clean
P.O. Box 673
Sweetser, IN, 46987
765-251-0861

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

Name of Respondent: Hong Rong Zheng Title: Owner

Establishment Name: China One

Address: 6714 E Amy Way Drive Gas City, IN, 46933