



**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 Hiccho Sushi Meister #153		Telephone Number (714)	Date of Inspection (<i>mm/dd/yr</i>)	ID #
Establishment Address (number and street, city, state, ZIP code) 3820 S. Western Ave, Maywood, IL		Owner LWIN Family Co., LLC	926-2200	2/11/25
Owner LWIN Family Co., LLC		Purpose: 1. Routine	Follow-up	Release Date No 10 Days
Owner's Address Same		2. Follow-up	Summary of Violations:	
Person in Charge Lai Siang		3. Complaint	C / NC / R /	
Responsible Person's E-mail _____		4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler Wen Shih		5. Temporary	1	2
		6. HACCP	X	3
		7. Other (list) _____	4	5

- 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): <i>Lat. Stamp</i>	Inspected by (name and title printed): <i>John Pearson II Deafblind</i>	
Received by (signature): <i>Stamp</i>	Inspected by (signature): <i>John Pearson II Deafblind</i>	
cc:	cc:	cc: