



**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 4-24, 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 <u>Shogosushi Meijer #153</u>	Telephone Number (   ) <u>704-926-2200</u>	Date of Inspection (mm/dd/yr) <u>7-30-25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>3800 S. Glethenville; Marion</u>			
Owner <u>WIN Family LLC</u>	Purpose: <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 1. Routine</li><li><input type="checkbox"/> 2. Follow-up</li><li><input type="checkbox"/> 3. Complaint</li><li><input type="checkbox"/> 4. Pre-Operational</li><li><input type="checkbox"/> 5. Temporary</li><li><input type="checkbox"/> 6. HACCP</li><li><input type="checkbox"/> 7. Other (list) <u>None</u></li></ul>	Follow-up	Release Date <u>10/10/25</u>
Owner's Address <u>Same</u>	Summary of Violations:  <u>P - PF - C -</u>		
Person in Charge <u>Eric</u>	Menu Type (See back of page)  <u>1 2 3 X 4 5</u>		
Responsible Person's E-mail <u>Eric</u>			
Certified Food Handler <u>Wink Hart</u>			

- 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):

Lak Sian

Inspected by (name and title printed):

Inspected by (name and title printed)  
*Dean Smith*

Received by (signature):

Manj P

Inspected by (signature):

pected by (signature):

CC

CC

CC-