



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

(Sushi)

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 International Food Creations		Telephone Number (626) Establishment () Owner 205-8111	Date of Inspection (mm/dd/yr) 2/28/24	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1846 S Main St		Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 10 days
Owner Michael Yoshino			Summary of Violations: C ___ NC ___ R ___	
Owner's Address Portland OR			Menu Type (See back of page) 1 ___ 2 <u>X</u> 3 ___ 4 ___ 5 ___	
Person in Charge				
Responsible Person's E-mail				
Certified Food Handler Moung Lin				

• 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
			NO VIOLATIONS	

Received by (name and title printed): Piya Mon	Inspected by (name and title printed): Ron Lagare FSHO
Received by (signature): 	Inspected by (signature):
cc:	cc: