



## **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>King Buffet</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <i>1310 W 38th St.</i>	<i>5/225 27</i>		
Owner <i>Meng Zhao</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <i>1</i>	Release Date <i>10 days</i>
Owner's Address <i>Shang</i>	Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>		
Person in Charge <i>Meng</i>	Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Responsible Person's E-mail <u> </u>			
Certified Food Handler			

- 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):

y (name and title printed):  
*MengFa Zhao*

Inspected by (name and title printed):

Inspected by (name and title printed):  
*Debra S. Smith*  
Inspected by (signature):  
*Debra S. Smith*

Received by (signature):

ived by (signature):

Imported by (signature):

Inspected by (signature): 

cc:

667

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