



# 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<br><i>Obis Barbecue</i>   | Telephone Number<br>(      ) Establishment<br>(      ) Owner  | Date of Inspection<br>(mm/dd/yr)<br><i>6-6-25</i> | ID #<br><i>27</i> |
| Establishment Address (number and street, city, state, ZIP code)<br><i>402 S. Washington St.</i> |   |   |                   |
| Owner<br><i>Jessie Richardson</i>  | Purpose:<br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list)<br><i> </i>           | Follow-up   | Release Date      |
| Owner's Address<br><i>Same</i>   | Summary of Violations:<br><i>P-PC-CR</i>  |   |                   |
| Person in Charge<br><i>Jessie Richardson</i>   | Menu Type (See back of page)  |   |                   |
| Responsible Person's E-mail<br><i> </i>  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |   |                   |
| Certified Food Handler<br><i> </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):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: