



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 Opal's Kitchen • BING Kitchen		Telephone Number () 785 () 667-2115	Date of Inspection (mm/dd/yr) 6/4/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 403 St Rd 18 E, Marion		Owner Penny Carl	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) <hr/>	Follow-up NO Release Date 100 days
Owner Address 50mle	Summary of Violations: E - PE - E /			
Person in Charge Penny	Menu Type (See back of page)			
Responsible Person's E-mail <hr/>				
Certified Food Handler Penny Carl	3/12/24	<hr/> <hr/> <hr/> <hr/>		

- 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#	G/N/C	R	Narrative	To Be Corrected By
306	C		<p>Non food contact area soiled with dry food carriage</p> <ol style="list-style-type: none"> 1. Side of building next to store to include building and floor 2. Please trap near empty cleaned to include flooring and much area 	ASNP

Received by (name and title printed):

Received by (name and title printed):
Penny Y'Car
Received by (signature):
Penny Y'Car
cc:

Inspected by (name and title printed):

Inspected by (initials and title if applicable): Unsatisfactory
Inspected by (signature): John Zito
CC:

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