



**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 Oriental Pearl	Telephone Number () Establishment () Owner 1018-7668	Date of Inspection (mm/dd/yr) 2/29/24	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1036 E Main St	Owner Bo Tong Zhu	Follow-up 10 days	Release Date 10 days
Owner's Address Same	Purpose: <u>Routine</u>	Summary of Violations: C 2 NC 4 R 3	
Person in Charge Bo Tong Zhu	2. Follow-up	Menu Type (See back of page) 1 2 3 X 4 5	
Responsible Person's E-mail	3. Complaint		
Certified Food Handler Bo Tong Zhu 1-11-29	4. Pre-Operational		
	5. Temporary		
	6. HACCP		
	7. Other (list)		

• 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
245	NC	X	Wet towels laying directly on counter	Today
324	NC		Stand up & Chest Freezer has ice touching product	
344	C		Hand Sink has cast iron plates in it	
438	NC	X	Flooring in Kitchen to include under equipment & corners soiled with grease	
305	NC	X	Hood system heavily soiled with grease / Needs cleaned	
295	C		Manual can opener to include blade soiled	

Received by (name and title printed): B. Zorn	Inspected by (name and title printed): April Legare ESIO
Received by (signature): <i>B. Zorn</i>	Inspected by (signature): <i>April Legare</i>
cc:	cc: