



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**

7-26 (AM)

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 RP's Pub INC	Telephone Number () 765 Establishment Owner Koselio G Rojas	Date of Inspection (mm/dd/yr) 5/14/23	ID # 27
Establishment Address (number and street, city, state, ZIP code) 322 S. Washington St., Miami	668-7730		
Owner Koselio G Rojas	Purpose 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up NO	Release Date 100 days
Owner's Address Same	Summary of Violations: P - PP - C -		
Person in Charge Kesley	Menu Type (See back of page)		
Responsible Person's E-mail kesleyloos	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler Kesley Loos	11/8/23		

- 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):

Received by (name and title printed): Ruby Bishir
Received by (signature): Ruby Bishir

Inspected by (name and title printed):

11/20/2010 10:00 AM
Inspected by (Signature): 7510

Received by (signature):

Received by (Signature): Billy Bespin

Influence of *in vitro* maturation

Inspired by (Signature):

226

66

cc: