



**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 Richards Restaurant INC	Telephone Number 765 Establishment 677-8254 Owner	Date of Inspection (mm/dd/yr) 2-10-22	ID # 27
Establishment Address (number and street, city, state, ZIP code) 864 E 45th St MARION	Owner Pon Strong	Follow-up no	Release Date 18 days
Owner's Address 834 N 400 E BRYANT	Purpose: 1. Routine	Summary of Violations: C 1 NC 2 R	
Person in Charge Shonda	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 Shonda Turner Exp 6-12-2023	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
136	C		Cook had a personal drink sitting on chef unit and no lids	Removed
295	NC		The following "Non Food" contact items is stored w/ dried food 1) In kitchen by chef unit - plastic containers holding lids 2) Inside cover of Egg cooker (Next to grill)	
298	NC		Inside microwaves to include handles	

Received by (name and title printed): Shonda Turner	Inspected by (name and title printed): Dennis Smith / Scott Kibbe
Received by (signature): <i>Shonda Turner</i>	Inspected by (signature): <i>Dennis Smith / Scott Kibbe</i>
cc:	cc: