



7-26 AME

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 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 <b>Rob Kitchen #2</b>	Telephone Number ( ) Establishment <b>765</b> ( ) Owner <b>603-9680</b>	Date of Inspection (mm/dd/yr) <b>5/16/25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1306 W Spencer Ave., Marion</b>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) _____	Follow-up <b>NO</b>	Release Date <b>10 Days</b>
Owner <b>Robert Smith</b>		Summary of Violations:  <b>0 PF 0</b>	
Owner's Address <b>same</b>		Menu Type (See back of page)  <b>1 ___ 2 ___ 3 X 4 ___ 5 ___</b>	
Person in Charge <b>Kab</b>			
Responsible Person's E-mail _____			
Certified Food Handler <b>Robert Smith</b>	<b>9/29/20</b>		

- 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"

[illegible]

Received by (name and title printed): <b>Robert Smith</b>		Inspected by (name and title printed): <b>Robert Smith</b>	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	