



**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**

7-29 AmS

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>Bob Kitchen #2</b>	Telephone Number ( Establishment <b>765</b> ) ( Owner <b>603-9880</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>136 W Spencer Ave, Marion</b>			
Owner <b>Robert Smith</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up <b>NO</b>	Release Date <b>10 Days</b>
Owner's Address <b>Spencer</b>	Summary of Violations:  <b>0 EF B</b>		
Person in Charge <b>Bob</b>	Menu Type (See back of page)		
Responsible Person's E-mail <hr/>			
Certified Food Handler <b>Robert Smith</b>	9/29/20	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

- 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):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature)

cc:

CC:

25