



## 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 <i>Bob's Kitchen</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <i>306 W. Spencer Ave</i>	<i>4/24/25</i> <i>27</i>		
Owner <i>Bob Smith</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Bob Smith</i>	Follow-up	Release Date
Owner's Address <i>5100</i>	Summary of Violations:  <i>C NC R</i>		
Person in Charge <i>Bob Smith</i>	Menu Type (See back of page)		
Responsible Person's E-mail			
Certified Food Handler <i>Bob Smith</i>	1 <u>  </u> 2 <u>  </u> 3 <u>X</u> 4 <u>  </u> 5 <u>  </u>		

- 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):

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