



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 Bobo Kitchen		Telephone Number () Establishment () Owner		Date of Inspection (mm/dd/yr) 4-24-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1306 W. Spencer Ave					
Owner Bob Smith		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u> </u>		Follow-up	Release Date
Owner's Address Slump				Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>	
Person in Charge Bob Smith				Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail					
Certified Food Handler Bob Smith					
<ul style="list-style-type: none">• 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
			No violations		
Received by (name and title printed):			Inspected by (name and title printed):		
[Signature]			[Signature]		
Received by (signature):			Inspected by (signature):		
[Signature]			[Signature]		
cc:		cc:		cc:	