

7-26 (AME)

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2.4, 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 Sakura	Telephone Number () Establishment 755	Date of Inspection (mm/dd/yr) 5-7-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 506 No. Baldwin Ave., Marion	() Owner's Phone 668-8880		
Owner Cheng Feng Lin	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 NO	Release Date 10 Days
Owner's Address Same		Summary of Violations: C1 PF - P -	
Person in Charge Jimmy		Menu Type (See back of page) 1__2__3__4X5__	
Responsible Person's E-mail _____			
Certified Food Handler * Hui Lin	11/7/18		

- 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#	ENC	R	Narrative	To Be Corrected By
175	(priority)		<p>cooked chicken in, well in cooler - placed back in box - needs to be put in road grade bucket to include raw chicken and eggs, need to be placed on bottom shelf</p>	<p>Today</p> <p>1</p>

Received by (name and title printed): Amy		Inspected by (name and title printed): Anastasia McCallum	
Received by (signature): Amy		Inspected by (signature): Anastasia McCallum 7510	
cc:	cc:	cc:	

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 5.9.2015

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH
DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health
Department Food Safety Officer Dean Small / Angela McCollum on 5-7-25

<u>DATE</u>	<u>ACTION TAKEN</u>
<u>175</u>	<u>We have corrected it and</u>
	<u>we will do better</u>

(Please forward this form to the Grant County Health Department by
Mail / Fax with 10 days)

Name hrt (sakura) Title _____

Establishment _____

Address 506 N. Baldwin Ave Marion, IN 46952

Attach additional sheets as needed.