



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

7-26 (Amc)

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>Saffura</i>	Telephone Number () <i>735</i>	Date of Inspection (mm/dd/yr) <i>5-1-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>508 No Baldwin Street, Main</i>	(Owner) <i>Chen Y Kong Lin</i>		
Owner <i>Chen Y Kong Lin</i>	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) <hr/>	Follow-up <i>No</i>	Release Date <i>10 Days</i>
Owner's Address <i>None</i>	Summary of Violations: <i>C - P - D -</i>		
Person in Charge <i>Amy</i>	Menu Type (See back of page) <i>1 2 3 4 X 5</i>		
Responsible Person's E-mail <i></i>			
Certified Food Handler * <i>Hu Lin</i>			

- 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):

Received by (initials)

Inspected by (name and title printed)

Inspected by (name and date printed) Frank J. Collam
11-10-04

Received by (signature):

Received by (sig)
• AMY

Digitized by Google

inspected by fire marshal 7510

66

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

DATE ACTION TAKEN

175 - We have corrected it and
we will do better

(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.