



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

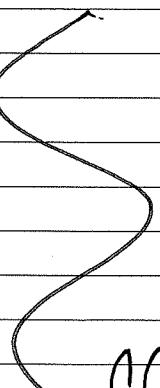
State Form 48669 (R2/2-05)
SDH Form 51-0001

**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>Shohu Bobo</i>	Telephone Number () <i>765</i>	Date of Inspection (mm/dd/yr) <i>5/13/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>125 S. Summerville St., Faquier, VA 206-9638</i>	Owner <i>Manuel Solorio</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Manuel Solorio</i> 	Summary of Violations: <i>P PF C</i>	
Person in Charge <i>Manuel</i>		Menu Type (See back of page)	
Responsible Person's E-mail <i>—</i>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified Food Handler <i>Manuel Solorio</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"

Section#	C/N/C	R	Narrative	To Be Corrected By
			<i>No violations</i>	
				
			<i>Close to open</i>	
				11

Received by (name and title printed):

Inspected by (name and title printed):

Manuel Spears
d by (signature):

inspected by (name and title printed):


Received by (signature):

Inspected by *N. S. (signature)*

Received by (signature):
Mark Spero

1