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: International Food Creations	Telephone Number: ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr): 8-26-24	ID #: 27
Establishment Address (*number and street, city, state, ZIP code*): 1846 S Main St			
Owner: Michael Yoshino	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	Follow-up: NO	Release Date: 10 Day
Owner's Address: Portland OR		Summary of Violations: C___ NC___ R___	
Person in Charge: Piya Mon exp 7-2028			
Responsible Person's E-mail:		Menu Type (*See back of page*): 1___ 2 3___ 4___ 5___	
Certified Food Handler: Piya Mon			

- 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*): Piya Mon	Inspected by (*name and title printed*): Dem Smy
Received by (*signature*):	Inspected by (*signature*):
cc:	cc:
	cc: