



**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**

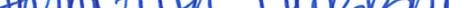
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <i>718 Shatt / Mobile Romaire</i>	Telephone Number (      ) Establishment <i>(718) 5122</i>	Date of Inspection (mm/dd/yr) <i>7-17-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>116 W Washington St, Fairmount</i>	Owner <i>Stephen. Mathews</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"> <li>1. Routine</li> <li>2. Follow-up</li> <li>3. Complaint</li> <li>4. Pre-Operational</li> <li>5. Temporary</li> <li>6. HACCP</li> <li>7. Other (list) <i> </i></li> </ol>	Summary of Violations: <i>P - PF - C</i>	
Person in Charge <i>Samantha</i>		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Responsible Person's E-mail <i> </i>			
Certified Food Handler <i>Stephen Mathews 818124</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/NC	R	Narrative	To Be Corrected By
			<del>Tiki Hut No Violations</del>	
			<del>Cool Beans No Violations</del>	
			<del>MobliRomano No Violations</del>	

Received by (name and title printed):

Received by (name and title printed):  
**SAMANTHA HUBBARD**  
Received by (signature):  


Inspected by (name and title printed):

Inspected by (name and date printed): George M. Collier 1510

CC:

CC

cc