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 Tiki Hut / Noble Romans	**Telephone Number** ( ) Establishment	**Date of Inspection** (mm/dd/yr)	**ID #**
Establishment Address (number and street, city, state, ZIP code) 116 W Washington St Fairmount	( ) Owner 948-5122	3/20/24	27
Owner Stephen Mathews	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address Payson, AZ	2. Follow-up	**Summary of Violations:**	
Person in Charge Koree Young	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Stephen Mathews 8/8/24	5. Temporary	**Menu Type** *(See back of page)*	
	6. HACCP	1___ 2_X_ 3___ 4___ 5___	
	7. Other (*list*) _____		

- 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*): Koree Young	Inspected by (*name and title printed*): April Legare FS10
Received by (*signature*): Koree Young	Inspected by (*signature*): April Legare

cc:	cc:	cc: