



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.

Form header with fields: Establishment Name (Hissho Sushhi @ Meiner #153), Telephone Number (704 926 2200), Date of Inspection (8/15/21), ID # (27), Establishment Address (3823 00 Western Ave., Marion), Owner (Lwin Family Company, LLC), Owner's Address (Charlotte, NC), Person in Charge (Ren), Responsible Person's E-mail (permits@hisshosushi.com), Certified Food Handler, Purpose (1. Routine), Follow-up (10 days), Summary of Violations (C NC R), Menu Type (1 2 X 3 4 5)

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text 'No Violations' in the Narrative column.

Received by (name and title printed): REN SANIN
Inspected by (name and title printed): Dean Sam V
Received by (signature): [Signature]
Inspected by (signature): [Signature]

cc: [Blank]