



**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.

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|--|--|--|--------------------------------|
| Establishment Name <i>Hiki's Smokehouse</i> | Telephone Number () Establishment () Owner | Date of Inspection (mm/dd/yr) <i>7-13-24</i> | ID # <i>27</i> |
| Establishment Address (number and street, city, state, ZIP code) <i>8218 E 300 S.</i> | Purpose: | Follow-up <i>NO</i> | Release Date <i>10 days</i> |
| Owner <i>John Pearson II</i> | 1. Routine | Summary of Violations: <i>C - NC - R</i> | |
| Owner's Address <i>Siml</i> | 2. Follow-up | | |
| Person in Charge <i>John</i> | 3. Complaint | Menu Type (See back of page) <i>1 2 3 4 5</i> | |
| Responsible Person's E-mail | 4. Pre-Operational | | |
| Certified Food Handler <i>John Pearson II</i> | 5. Temporary | | |
| | 6. HACCP | | |
| | 7. Other (list) <i>(circled)</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 |
|----------|------|---|---------------------|--------------------|
| | | | <i>No violation</i> | |
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|---|---|
| Received by (name and title printed): <i>Stacie D. Pearson</i> | Inspected by (name and title printed): <i>Den Siml</i> |
| Received by (signature): <i>(Signature)</i> | Inspected by (signature): <i>(Signature)</i> |
| cc: | cc: |