



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>Bob's Kulchra #2</i> | | Telephone Number () Establishment | Date of Inspection (mm/dd/yr) <i>6-18-24</i> | ID # <i>27</i> |
| Establishment Address (number and street, city, state, ZIP code) <i>1306 W. Spencer Ave</i> | | () Owner | | |
| Owner <i>Robert Smith</i> | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>(circled)</i> | | Follow-up | Release Date <i>10 days</i> |
| Owner's Address <i>same</i> | | | Summary of Violations: <i>C - NC - R -</i> | |
| Person in Charge <i>Robert Smith</i> | | | Menu Type (See back of page) <i>1 2 3 X 4 5</i> | |
| Responsible Person's E-mail | | | | |
| Certified Food Handler <i>Robert Smith</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 violations</i> | |
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| Received by (name and title printed): <i>Robert Smith</i> | Inspected by (name and title printed): <i>Dean Smith</i> |
| Received by (signature): <i>(Signature)</i> | Inspected by (signature): <i>(Signature) PSFO</i> |
| cc: | cc: |