



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: Hobbs Kitchen, Telephone Number, Date of Inspection: 7/3/24, ID #: 27, Establishment Address: 1306 W. Spencer Ave, Owner: Bob Smith, Purpose: 1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list) - Unlabeled Pink 975, Summary of Violations: C ___ NC ___ R ___, Menu Type: 1 ___ 2 ___ 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. Content: No Findings

Received by (name and title printed): Angela Turner, Inspected by (name and title printed): Kyle Kelley, Received by (signature): [Signature], Inspected by (signature): [Signature], cc: