



**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 Koko Kitchen		Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 4-13-24	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1306 W. Spencer Ave		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 10 days
Owner Robert Smith	Owner's Address Samp	Summary of Violations: C - NC - R -		
Person in Charge Robert Smith	Responsible Person's E-mail	Menu Type (See back of page) 1 2 3 X 4 5		
Certified Food Handler Robert Smith				

- 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): Angel Timmons	Inspected by (name and title printed): Dean Small
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature] - FST</i>
cc:	cc: