



**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 <u>China One</u>	Telephone Number <u>(765) 663-6688</u>	Date of Inspection (mm/dd/yr) <u>6-26-19</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>6714 E Amy way GAS CITY</u>	( ) Owner	Follow-up <u>NO</u>	Release Date <u>7-6-19</u>
Owner <u>Hong Rong Zheng</u>	Purpose: <u>1. Routine</u>	Summary of Violations: <u>C 1 NC 1 R 2</u>	
Owner's Address <u>8 colony way GAS CITY</u>	2. Follow-up	Menu Type (See back of page) <u>1 2 3 <u>X</u> 4 5</u>	
Person in Charge <u>Hong Rong Zheng</u>	3. Complaint		
Responsible Person's E-mail <u>N/A</u>	4. Pre-Operational		
Certified Food Handler <u>Hong Rong Zheng exp 8/10/2023</u>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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/N/C	R	Narrative	To Be Corrected By
<u>295</u>	<u>C</u>		<u>THE CANOPENER BLADE / BASE SOILED WITH FOOD DEBRIS</u>	<u>TODAY</u>
<u>295</u>	<u>NC</u>		<u>Prep Prep tables has food Between each table pulled together</u>	<u>TODAY</u>

Received by (name and title printed): <u>zheng Hong Rong</u>	Inspected by (name and title printed): <u>H. J. [Signature] - F910</u>
Received by (signature): <u>zheng Hong Rong</u>	Inspected by (signature): <u>[Signature] - F910</u>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401

Fax 765-651-2419

DATE: \_\_\_\_\_

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 6-26-19.

DATE: 6/26/19 Action Taken: Cleaned the can opener blade and base

6/26/19 Cleaned the prep tables

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Hong Rong Zheng Title: Owner

Establishment Name: China One

Address: 6714 Army Way Dr. Gas City IN 46933

- Attach additional sheets as needed.