



**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 <i>Hong Kong Restaurant</i>	Telephone Number <i>765</i> Establishment <i>( )</i> Owner <i>662-2127</i>	Date of Inspection (mm/dd/yr) <i>11-25-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>949 N. Washington St Marion</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>—</i>	Release Date <i>10 days</i>
Owner <i>Jing Tang XU</i>	Owner's Address <i>same</i>	Summary of Violations: <i>C 2 NC 1 R 1</i>	
Person in Charge <i>Jing Tang XU</i>	Responsible Person's E-mail	Menu Type (See back of page) <i>1 2 3 / 4 5</i>	
Certified Food Handler <i>Lindsay Mai exp 6-2021</i>	<ul style="list-style-type: none"> <li>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul>		

Section#	C/NC	R	Narrative	To Be Corrected By
<i>1191</i>	<i>C</i>	<i>X</i>	<i>Meat in cooler No date marking</i>	<i>Today</i>
<i>295</i>	<i>NC</i>		<i>Also egg rolls</i>	}
			<i>The following "Non food" contact items is soiled w/ dried food debris</i>	
			<i>1) one top 6 burner stove is soiled -</i>	
<i>295</i>	<i>C</i>		<i>One container the bottom is soiled on inside holding clean utensils</i>	

Received by (name and title printed): <i>x Jing Tang XU</i>	Inspected by (name and title printed): <i>Dean Shady Esq / B. Paul Ray Esq</i>
Received by (signature): <i>x Jin Tang XU</i>	Inspected by (signature): <i>Michael Paul Ray Esq</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401

Fax 765-651-2419

DATE: 11/26/19

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 11-25-19.

DATE:	Action Taken:
<u>11/25/19 191</u>	<u>meat and Egg Rolls have Marked with dated label</u>
<u>11/25/19 295</u>	<u>burner stove top have carefully cleaned</u>
<u>11/25/19 295</u>	<u>containers have cleaned.</u>

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

Name of Respondent: Jin Tan Title: owner

Establishment Name: Hong Kong Restaurant

Address: 949 N Washington St Marion IN 46952

- Attach additional sheets as needed.