



**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>(no)</i> Establishment	Date of Inspection (mm/dd/yr) <i>5-8-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>949 N Washington St Marion</i>	Owner <i>Idor 2127</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>Jing Tang Xu</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input checked="" 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 checked="" type="checkbox"/> 7. Other (list) <i>Flourish</i>	Summary of Violations: <i>C 2 NC — R —</i>	
Owner's Address <i>Same</i>		Menu Type (See back of page) <i>1 — 2 — 3 4 5 —</i>	
Person in Charge <i>Lindsay Ma</i>			
Responsible Person's E-mail <i>N/A</i>			
Certified Food Handler <i>Lindsay Ma exp 6-2021</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>295</i>	<i>NC</i>		<i>Skillet & lid stored clean on top of stove however dried food other debris</i>	<i>Today</i>
<i>191</i>	<i>C</i>		<i>Food inside cooler needs A date when stored or prepared.</i>	<i>Today</i>
			<i>* water didnt enter the bldg. OK to open *</i>	

Received by (name and title printed): <i>Jing Tang Xu</i>	Inspected by (name and title printed): <i>Dean Small - FSD</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 05/10/19

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 5-8-19.

DATE:	Action Taken:
<u>05/09/19</u>	<u>Skillet and lid had been cleaned</u>
<u>05/09/19</u>	<u>Food in Fridge have been dated and labeled.</u>

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

Name of Respondent: Jing Tang Xie Title: owner
Establishment Name: Hong Kong Restaurant
Address: 949 N Washington St Marion IN 46952

• Attach additional sheets as needed.