



**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>OBIS BBQ</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>10-16-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>9949 WINDY Andrews</i>		Follow-up <i>N2</i>	Release Date _____
Owner <i>Jeff Richardson</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C2 NC R</i>	
Owner's Address <i>Same</i>		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in Charge <i>Jeff</i>			
Responsible Person's E-mail _____			
Certified Food Handler <i>Jeff</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/N/C	R	Narrative	To Be Corrected By
<i>295</i>	<i>C</i>		<i>Like spoon laying directly on metal cooker - Spoon used for baked beans.</i>	
<i>345</i>	<i>C</i>		<i>Hand sink blocked w/ personal items</i>	

Received by (name and title printed): <i>Jeff Richardson</i>	Inspected by (name and title printed): <i>Dean Small / Scott Kendall</i>
Received by (signature): <i>Jeffrey Richardson</i>	Inspected by (signature): <i>Dean Small / Scott Kendall</i>
cc:	cc: