

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.

Approximation and the second second		ection	i oi cacii vi	ioiation is	specific	u III tiit iiu	rrative port	on or this	unioralization (Albania Company)		edennick kielen von	propagation of the Control of the Co	managaran kanagaran
Establishment Name									Telephone Num		Date of Ind (mm/dd/yr)		ID#
OBI'S BARBEQUE									765-603-9	241		1	
Establishment Address (number and street, city, state, ZIP code)								() Owner		1./20	/21	2)	
9949 W. 100 N. Andrews, IN 46702										9/24	101		
Owner								Purpose:		Føllow/u	p Relea	se Date	
Jeffrey Richardson								1. Routine		WA	N	127	
Owner's Address									2. Follow-up		Summar	y of Violati	ons:
Same									3. Complaint		l '	•	
Person in Charge Jeffrey Richardson									_	1	C -	-NC	R
Jellrey Kichardson									4. Pre-Operation	nai			
Responsible Person's E-mail									5. Temporary		Menu Ty	pe (See bac	k of page)
obisbarbecue@gmail.com									6. HACCP				
Certified Food Handler									763.006	A A A	1 2	3 V	4 5
Jeffrey Richardson									Januar L	wells	l -—		
• 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"													
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