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 Obi's Barbecue	**Telephone Number** ( ) Establishment 765-603-9241 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 8-13-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 402 S. Washington Street Marion, IN 46953			
Owner Jeff AND Michelle Richardson	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address 9949 W. 100 N. Huntington, In 46702	2. Follow-up 3. Complaint	**Summary of Violations:** C__ NC__ R__	
Person in Charge Jeff Richardson	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1__ 2__ 3_X_ 4__ 5__	
Certified Food Handler Jeff Richardson			

- 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
			NO VIOLATIONS	

Received by *(name and title printed)*: Jeffrey Richardson OWNER	Inspected by *(name and title printed)*: Scott Kilcrease
Received by *(signature)*:	Inspected by *(signature)*: Scott Kilcrease

cc:	cc:	cc: