



**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 <b>Oriental Pearl</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <b>5-25-21</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1636 E Main St Gas City</b>		Follow-up <b>No</b>	Release Date <b>10 days</b>
Owner <b>Botong Zau</b>	Purpose: 1. Routine 2. <u>Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <b>C — NC <u>2</u> R —</b>	
Owner's Address <b>1029 Creek Ct</b>		Menu Type (See back of page) <b>1 2 3 <u>X</u> 4 5</b>	
Person in Charge <b>Jackie</b>			
Responsible Person's E-mail			
Certified Food Handler <b>Botong Zau</b>			

• 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
295	NC		Handles on coolers and doors are soiled with food debris	Today
310	NC		Hood vents need professionally cleaned; heavily soiled	15 days
324	NC		Stand up freezer has ice build up in it covering food. Needs defrosted; freezer door does not stay closed	Today

Received by (name and title printed): <b>B. Zau</b>	Inspected by (name and title printed): <b>Scott Kibbenell / Dean Smith</b>
Received by (signature): <b>B. Zau</b>	Inspected by (signature): <b>Scott Kibbenell / Dean Smith</b>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 5-25-21

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 5-25-21.

DATE:	Action Taken:	
<u>5/25/21</u>	<u>Section # 295</u>	<u>done for cleaned the handles on coolers and doors.</u>
<u>5/25/21</u>	<u>Section # 324</u>	<u>done for move all the ice away and lock the stand up freezer</u>
<u>5/25/21</u>	<u>Section # 310</u>	<u>had cleaned the hood and had area again with still call for appointment.</u>

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

Name of Respondent: Bo Tony Zhu Title: owner  
Establishment Name: Oriental Pearl  
Address: 1036 E Main St Gas City, IN 46933

- Attach additional sheets as needed.