



**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>Oriental Pearl</i>	Telephone Number <i>(768) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>8-5-21</i>	ID # <i>27</i>	
Establishment Address (number and street, city, state, ZIP code) <i>1036 E Main Gas City</i>	Owner <i>(618) 768</i>	Follow-up <i>NO</i>		
Owner <i>Bo Tong Zhu</i>	Purpose: <input checked="" type="checkbox"/> Routine	Release Date <i>10 days</i>	Summary of Violations: <i>C 3 NC 2 R 2</i>	
Owner's Address <i>Same</i>	2. Follow-up	Menu Type (See back of page)		
Person in Charge <i>Bo - Suckee</i>	3. Complaint	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Responsible Person's E-mail <i>_____</i>	4. Pre-Operational			
Certified Food Handler <i>Bo Tong Zhu exp 2-2024</i>	5. Temporary			
6. HACCP				
7. Other (list)				

- 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
191	C	X	Chicken - egg rolls etc in walk-in cooler No date marking	Today
173	C	X	Packages of chicken in salad cooler Sitting directly on lettuce.	
345	C		Hand sink in kitchen blocked w/ wooden paddles, and hand sink at sushi area block w/ lid from cooler	Immediately
304	NC		Ice on food product upright freezer needs defrosted	Today
431	NC		Flooding has dried food on it to include under equipment.	Today

Received by (name and title printed): <i>Bo Tong Zhu</i>	Inspected by (name and title printed): <i>Deann Small / Scott Kintuck</i>
Received by (signature): <i>Bo Tong Zhu</i>	Inspected by (signature): <i>Deann Small BPD Scott Kintuck</i>
cc:	cc:



GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 8/5/21

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small and/or Scott Kikendall at the Grant Co. Health Department on 8-5-2021

DATE:	Action Taken:	
8/5/21	section # 191	Done for put date on the chicken in walking cooler.
8/5/21	section # 173	Done for move the chicken and letter separate.
8/5/21	section # 345	done for move the stuff from the hand sink.
8/5/21	section # 304	ice on food had defrosted.
8/5/21	section # 431	Done for clean the flooring.

Name of Respondent: Bo Jing Zhu Title: owner

Establishment Name: oriental pearl Asian Bistro

Address: 1036 E Main St Gas City, IN 46933