



**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 <b>765-698-1888</b>	Date of Inspection (mm/dd/yr) <b>6-26-19</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1036 E MAIN ST. GAS CITY</b>	( ) Owner	Follow-up <b>YES</b>	Release Date <b>7-6-19</b>
Owner <b>Bo Zong Zhu</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C 3 NC 3 R 2</b>	
Owner's Address <b>800 E 5<sup>th</sup> C<sup>th</sup> ST. GAS CITY</b>	2. Follow-up	Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Person in Charge <b>Bo Zong Zhu</b>	3. Complaint		
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational		
Certified Food Handler <b>Bo Zong Zhu issued 11/23/18</b>	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#	CNC	R	Narrative	To Be Corrected By
431	NC	X	FLOOR UNDER ALL EQUIPMENT IN KITCHEN SOILED WITH GREASE, AND OTHER DEBRIS, TO INCLUDE WALK-IN COOLER & DRY STORAGE	TODAY
310	NC	X	FOOD SYSTEM HEAVILY SOILED WITH GREASE AND OTHER DEBRIS.	TODAY
295	NC		THE BASE OF CAN OPENER BLADE IS SOILED WITH FOOD DEBRIS AND ALL EQUIPMENT IN KITCHEN	TODAY
187	C		2 CONTAINERS OF CHICKEN SETTING ON PREP TABLE ONE 45°F THE OTHER IS 63°F, ALSO FLOOR COOLER TAMPED AT 50°F NOT 41°F AS REQUIRED BY CODE	ICE ADDED TO HELP DROP TEMP TODAY
129	C		3-DRINKS SETTING ON PREP TABLES THESE ARE PERSONAL	TODAY
191	C		ITEMS IN WALK-IN NOT DATE MARKED AS TO WHEN MADE	TODAY
* closing for 4th HOLIDAY, will Recheck before Re opening after 4th Holiday *				

Received by (name and title printed): <b>X Bo Zong Zhu</b>	Inspected by (name and title printed): <b>R Dale Carr - FSIU</b>
Received by (signature): <b>X Bo Zong Zhu</b>	Inspected by (signature): <b>R Dale Carr - FSIU</b>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 EXT 111 or 123  
Fax 765-651-2419

DATE: 6/27/19

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 6-26-19.

DATE:	Action Taken:
<u>6/26/19</u>	<u>Section# 431: Floor had been cleaned and Walk-in cooler had been cleaned also.</u>
<u>6/26/19</u>	<u>Section# 310: We had been cleaned the hood and also we make a appointment with someone who do the hood cleaning coming to clean.</u>
<u>6/26/19</u>	<u>Section#: 295: Done for cleaned the Can opener.</u>
<u>6/26/19</u>	<u>Section#: 187: Done for put chicken in the cooler and floor cooler Temperature is back to normal.</u>
<u>6/26/19</u>	<u>Section#: 129 Put personal drinks away.</u>
<u>6/26/19</u>	<u>Section#: 191 Items <del>are</del> in the walking in cooler just make this morning and put date on them already!</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.