



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.

Form with fields: Establishment Name (Oriental Pearl), Telephone Number (765-661-7668), Date of Inspection (2-13-20), ID # (27), Establishment Address (1036 E Main St, Gosport, IN), Owner (Botong Zhu), Purpose (1. Routine), Follow-up (10 days), Summary of Violations (C- NC 4 RO), Menu Type (1 2 3 4 5), Certified Food Handler (Botong Zhu).

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains 4 rows of violations: 176 (Ice on products), 295 (Food debris), 218 (Tape on counter/shelves), 310 (Grease/debris in hood).

Signature and administrative fields: Received by (Botong Zhu), Inspected by (R. Dale Clark, Dean Hall), cc: fields.

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 2-13-20

**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 2-13-2020

DATE:	Action Taken:
2/13/20	Section #: 176 had <del>been</del> cleaned out all the ice in the stand up freeze.
2/13/20	Section #: 295 had cleaned the old dried food debris inside condiment cooler.
2/13/20	Section #: 218 had moved the tape away from the Subway Bar and the back of the kitchen.
2/13/20	Section #: 310 had cleaned the hand system already.

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

Name of Respondent: Bo Tong, Zhu Title: owner

Establishment Name: Oriental Pearl

Address: 1036 E Main St Gas City, IN 46933

o Attach additional sheets as needed.