



**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>RPS PUB</b>	Telephone Number <b>765 Establishment</b>	Date of Inspection (mm/dd/yr) <b>0-20-20</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>3202 S Washington St Marion</b>	Owner <b>667-7730</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Rogelio Pena</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>CL NC 4 R</b>	
Owner's Address <b>Same</b>	2. Follow-up	Menu Type (See back of page) <b>1 2 3 4 5</b>	
Person in Charge <b>CHARLYN</b>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <b>ALMA DUORAK Exp 5-24</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#	C/NC	R	Narrative	To Be Corrected By
298	NC		Microwave in kitchen is heavily soiled with food debris to include top of microwave	Today
138	NC		Employee working with out hair restraint	
291	NC		No test strips provided for sanitizing	
141	C		Eggs in cooler are out of date Exp 2-27-20	
177	NC		Lettuce and potatoes in storage cooler out back sitting directly on floor; must be 6 in off floor	

Received by (name and title printed): <b>Cherlyn Zamudio</b>	Inspected by (name and title printed): <b>Scott Kendall / Dean Squall</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc: