



### 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>RP's Pub Inc</i>	Telephone Number <i>(768) Establishment</i> <i>(768) 7738</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>7-1-21</i>	ID # <i>27</i>
Establishment Address <i>(number and street, city, state, ZIP code)</i> <i>3202 S. Washington St Marion</i>		Follow-up <i>no</i>	Release Date <i>10 days</i>
Owner <i>Rozelio Pena</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:	
Owner's Address <i>Samp</i>		<i>C 1 NC R</i>	
Person in Charge <i>ADRIANA</i>		Menu Type (See back of page)	
Responsible Person's E-mail <i>T/A</i>		<i>1 2 3 4 5</i>	
Certified Food Handler <i>Alma PUORAK Exp 5-2024</i>			

• 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
<i>191</i>	<i>C</i>		<i>Date marking on items inside refrigerator. Dates and labels as to items per container</i>	<i>Today</i>
			<i>* Need correct test strips for Quad</i>	

Received by (name and title printed): <i>ADRIANA PERNA</i>	Inspected by (name and title printed): <i>Scott Kilkenny / Dean Small</i>
Received by (signature): <i>Adriana Perna</i>	Inspected by (signature): <i>Scott Kilkenny / Dean Small</i>
cc:	cc: