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 The Oriential Cookery	**Telephone Number** ( ) Establishment	**Date of Inspection** *(mm/dd/yr)* 9/24/21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 22366 Overdorf Rd. Noblesville, IN 46062	( ) Owner		
Owner Jenny Crawley & David Crawley	**Purpose:** 1. Routine	**Follow-up** N/A	**Release Date** N/A
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge Jenny & David	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)* 1___2___3✓___4___5___	
Certified Food Handler Jenny Crawley	7. Other *(list)* ~~James Dean~~		

- 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
			No violations At this Time	

Received by *(name and title printed)*: JENNY CRAWLEY	Inspected by *(name and title printed)*: Kyle Kellogg
Received by *(signature)*:	Inspected by *(signature)*:
cc:	cc: cc: