



**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>Tiki Hut / Noble Romans</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>11-1-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>116 W Washington St Fairmount</i>		Follow-up	Release Date
Owner <i>Stephen Matthews</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 2 NC 1 R 1</i>	
Owner's Address <i>Az</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Samantha</i>	3. Complaint	1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>Stephen Matthews 8-8-24 exp</i>	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
<i>138</i>	<i>NC</i>	<i>X</i>	<i>Employee prepping/cooking without a hair restinator</i>	<i>Today</i>
<i>295</i>	<i>C</i>		<i>Tongs hanging above prep table (not being used) Stored clean but soiled w/ draped food</i>	<i>removed</i>
<i>345</i>	<i>C</i>		<i>Hand sink has food debris in it - used for hand washing only</i>	<i>Today</i>

Received by (name and title printed): <i>Samantha Hubbard</i>	Inspected by (name and title printed): <i>Dean Smith / Scott K. Kendall</i>
Received by (signature): <i>Samantha Hubbard</i>	Inspected by (signature): <i>Scott Kendall FSO</i>
cc:	cc:

Response to inspection
in 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone: 765-651-2401 Ext. 3123 / 3111
Fax: 765-651-2419

DATE: 11/1/21

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer
Dear Small / Scott Kikendall from the Grant Co. Health Department on 11-1-21.

DATE:	Action Taken:
<u>11/1/21</u>	<u>employee put on hat</u>
<u>11/1/21</u>	<u>removed tongs</u>
<u>11/1/21</u>	<u>cleaned out sink</u>

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

Name of Respondent: Amber Eldridge Title: Manager

Establishment Name: Mike Hutt / Noble Romans

Address: 116 W Washington St, Fairmount IN 46928

Attach additional sheets as needed.