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 Omomori Hibachi	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 7/03/25	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1401 W. Wisconsin Ave			
Owner IDA Rising Bagus Kusbiyanti	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up** / **Release Date**	
Owner's Address 4004 S. Washington St		**Summary of Violations:** P___ NC 1 R___	
Person in Charge		**Menu Type** *(See back of page)* 1___ 2___ 3 ✓ 4___ 5___	
Responsible Person's E-mail			
Certified Food Handler IDA Rising Bagus Kusbiyanti			

- 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
190	NC		pull like item to cool down prior to serving to reduce temps under 41°F.	onsite

Received by (*name and title printed*):

Received by (*signature*):

Inspected by (*name and title printed*): Kyle Kellogg / Food Inspector

Inspected by (*signature*):

cc: | cc: | cc: