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 EH4 69 INC	**Telephone Number** (765) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 4-28-19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 6256 Corridor Dr Marion			
Owner Singh	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 10 days
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C 2 NC 2 R	
Person in Charge Sonu Singh	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	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
191	C		3 pepperoni lunchables in cooler w/ exp date Jan 2019	remove
146	NC		Bags of ice on inside in freeze must be labeled w/ store name - address - phone #	Immediately
178	NC		Water dripping in freezer onto floor and freezing also outside freezer door froze	Today
229	C		Interior of ice bin has black in color debris - must shut off and clean before using	Today

Received by (*name and title printed*): Sonu Singh	Inspected by (*name and title printed*): Dean Small / FSIO
Received by (*signature*): S.S.	Inspected by (*signature*): Dean Small FSIO
cc:	cc:
	cc: