



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

1/29/19 mmc

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.

Form with fields: Establishment Name (Food Mart 1), Telephone Number (765) Establishment, Date of Inspection (1-24-19), ID # (27), Establishment Address (1194 N Washington St Marion), Owner (Sukhinder Kaur), Purpose (1. Routine), Follow-up, Release Date (10 days), Person in Charge (Jazz Singh), Menu Type (1, 2, 3, 4, 5), Certified Food Handler (N/A).

- 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"

Table with columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Contains two rows of violations: 298 (Inside microwave at drink counter - soiled) and 146 (Bags of Ice made up - must have label on them w/ business name - address phone #).

Received by (name and title printed): Jazz Singh; Inspected by (name and title printed): Dean Small - PSto; Received by (signature): Jazz Singh; Inspected by (signature): Dean Small PSto; cc: fields.

GRANT COUNTY HEALTH DEPARTMENT

1/24/19
m

Phone 765-651-2401
Fax 765-651-2419

DATE: 01-24-2019

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

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 1-24-19

| DATE: | Action Taken: | Section | CNC |
|-------------------|--------------------|----------|--------------------------------|
| <u>01-24-2019</u> | <u>(298) TODAY</u> | <u>9</u> | <u>CLEAN MCRUVE 298</u> |
| <u>01-24-2019</u> | <u>(146) TODAY</u> | <u>9</u> | <u>PUT STAMP FIXES ICE BAG</u> |

ALL FIXS DONE

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

Name of Respondent: FOOD MART Title: OWNER

Establishment Name: SUKHSINDER KAUR BATH

Address: 1194 N. WASHINGTON ST MARION IN 46952

- Attach additional sheets as needed.