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: Food Mart 1	**Telephone Number**: 765 Establishment ( ) Owner 603 2996	**Date of Inspection** *(mm/dd/yr)*: 5-29-18	**ID #**: 27
Establishment Address *(number and street, city, state, ZIP code)*: 1194 N. Washington St Marion			
Owner: Sukhjinder Kaur Bath	**Purpose:** 1. Routine	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: Same	2. Follow-up	**Summary of Violations:**	
Person in Charge: Jazz Singh	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail: —	4. Pre-Operational 5. Temporary 6. HACCP	**Menu Type** *(See back of page)*: 1 X 2 3 4 5	
Certified Food Handler: N/A	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
		—	No violations at this time —	

Received by *(name and title printed)*: Jazz Singh	Inspected by *(name and title printed)*: Dawn Smith FSTD
Received by *(signature)*: Jazz Singh	Inspected by *(signature)*: Dawn Smith FSTD

cc:	cc:	cc: