



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: 765-652-996, Date of Inspection: 7-24-19, ID #: 27, Owner: SUKHJINDER KAUR BATH, Purpose: 1. Routine, Follow-up: YES, Release Date: 8-3-19, Person in Charge: X SAZZ, Responsible Person's E-mail: N/A, 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 32A, C, THE 3-BAY SINK DOES NOT HAVE RUNNING WATER, 10 DAYS. Row 2: X, LHD will Return 8-3-19 or before if fixed prior to 8-3-19 contacted by OWNER.

Received by (name and title printed): X SAZZ, Inspected by (name and title printed): R. Sabharwal - FGD, Received by (signature): [Signature], Inspected by (signature): [Signature]