



**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 <i>Food Mart #1</i>		Telephone Number (Establishment) <i>765</i>	Date of Inspection (mm/dd/yr) <i>6-9-2020</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1194 N Washington St Marion</i>		(Owner) <i>603 2996</i>		
Owner <i>SUKHJINDER Kaur Bath</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>	
Owner's Address <i>Some / JAZZ KUMAR</i>			Summary of Violations:  <i>C - NC - R -</i>	
Person in Charge <i>JAZZ</i>			Menu Type (See back of page)  <i>1 X 2 3 4 5</i>	
Responsible Person's E-mail <i>N/A</i>				
Certified Food Handler <i>N/A</i>				

• 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
			<i>No Violations on this inspection</i>	

Received by (name and title printed): <i>SUKHJINDER KAUR BATH</i>	Inspected by (name and title printed): <i>Scott K Kendall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: