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** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 4-13-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1194 N Washington St.			
Owner Sukhsinder Kaur Bath	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** —	**Release Date** 10 days
Owner's Address Same		**Summary of Violations:** C— NC/ R—	
Person in Charge Same			
Responsible Person's E-mail —		**Menu Type** *(See back of page)* 1/ 2 3 4 5	
Certified Food Handler —			

- 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
297	NC		Cappaccino machine to be cleaned ONCE every 24 hrs.	Today

Received by *(name and title printed)*:
SUKHSINDER KAUR BATH

Received by *(signature)*:
Sukhsinder Kaur Bath.

Inspected by *(name and title printed)*:
Dean Small / Scott Kirkendall

Inspected by *(signature)*:
Dean Small PSS Scott Kirkendall PSS

cc: | cc: | cc: