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 (US Petro)	**Telephone Number**: (765) Establishment ( ) Owner 662-3542	**Date of Inspection** (*mm/dd/yr*): 8-3-20	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 318 W 3rd St Marion			
Owner: Raywinder Kaur	**Purpose:** 1. Routine; ~~2. Follow-up~~; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: 361 Pleasantview Dr New castle		**Summary of Violations:** C 1 NC 2 R 3	
Person in Charge: TARSEM SINGH			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 ___ 2 X 3 ___ 4 ___ 5 ___	
Certified Food Handler: Patial Ravinder Exp 3-2023			

- 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
295	NC		The following Non Food Contact items are soiled with dried Food debris	Today
	X	1)	2 Burner plate in Kitchen	Today
	X	2)	Gehls Nacho Machine on sales floor	corrected Today
		3)	Hot chocolate dispenser	
431	NC	X	Flooring in store also in back soiled and Food debris on and under	
229	C		Ice Machine in Backroom on upper metal flap has a DARK Residue	Today

Received by (*name and title printed*): TARSEM SINGH	Inspected by (*name and title printed*): Scott Likendall
Received by (*signature*): Tarsem Singh	Inspected by (*signature*): Scott Likendall FSO
cc:	cc:
cc:	