



**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 Good Food Mart Inc	Telephone Number 765	Date of Inspection (mm/dd/yr) 10-8-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 2204 W 9th St Marion	Establishment Owner 573-4274	Follow-up NO	Release Date today
Owner Happy Singh	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Summary of Violations: C3 NC 2 R 2	
Owner's Address 3605 N Locust	Person in Charge HINDER SINGH	Menu Type (See back of page) 1 2 3 X 4 5	
Responsible Person's E-mail	Certified Food Handler Need in 30 days or FINE!		

- 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/N/C	R	Narrative	To Be Corrected By
295	NC		Food Press is heavily soiled not in use and stored clean	Today
229	C		Inside of Ice Machine is heavily soiled including door	
401	NC		Toilet and Hand Sink in Restroom is heavily soiled	
190	C	X	Containers in Freezer need Date Marking and labeled	
191	C	X	Out of Date Items in cooler ice 3 Oscar Mayer Ham 9-29-20 1 Budding Turkey 9-19-20 4 Parkview Hot dogs 10-6-20	
			Must have a Certified Food handler within 30 days or fined or expelled.	

Received by (name and title printed): Christina	Inspected by (name and title printed): Scott K Kendall / Dean Swaff
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 10/10/2020

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott kikendall from the Grant Co. Health Department on 10-8-20.

DATE:	Action Taken:
10/10/20	Food Prepped is cleaned
10/10/20	ICE MAINTAINED cleaned
10/10/20	Water cleaned
10/10/20	Food Counter (Disinfect)
10/10/20	Out of Date (checked)

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Happy Bayle Title: MANAGER

Establishment Name: Good Food Market

Address: 2204 W 9th Street Marion IN 46953