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: Happy Discount Tobacco Store	**Telephone Number**: (765) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 10/13/21	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 1216 W 2nd St Marion			
Owner: LaKhwinder Singh	**Purpose**: 1. ~~Routine~~	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: Quarry Rd.	2. Follow-up	**Summary of Violations**:	
Person in Charge: LaChele L. Fields	3. Complaint	C 1 NC 1 R —	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: N/A	5. Temporary	1 2 X 3 4 5	
	6. HACCP		
	7. Other (*list*) _____		

- 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
243	NC		Single Service Articles in Stock room setting directly on floor (cups etc.) must be 6" off ground	Today
191	C		Ground Milk shakes also prairie farms 3-4-2% milk	Removed

Received by (*name and title printed*): LaChele L. Fields	Inspected by (*name and title printed*): Dean Lash
Received by (*signature*): LaChele L. Fields	Inspected by (*signature*):
cc:	cc:
	cc: