



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.

Form with fields: Establishment Name (Home Town Express), Telephone Number (765), Date of Inspection (6-21-21), ID # (27), Establishment Address (2210 N Huntington Rd Marion), Owner (Sun Deep Multani), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Person in Charge (Sunny), Certified Food Handler (Pending).

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains two entries: 295 C Knife laying on prep table... 345 C Handsink not in service...

Signature section with fields: Received by (name and title printed), Inspected by (name and title printed), Received by (signature), Inspected by (signature), cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 06-21-21

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 and/or Scott Kikendall at the Grant Co. Health Department on 6-21-21.

DATE: 06-21-21 Action Taken:

TIME: 10:30 AM

SE CTion # 345 C Handstuk has been fixed by professional

H 295C Kuibe has been cleaner

THANKS a lot

Name of Respondent: SUNDEEP MULTANI Title: MANAGER

Establishment Name: HOME TOWN EXPRESS

Address: 2210 N HUNTINGTON RD MARION