



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 (JUPINDER PASTO), Telephone Number (765 Establishment, 573-4976 Owner), Date of Inspection (4-19-21), ID # (27), Establishment Address (5035 Kaybee Dr Gas City), Owner (KARANJET S MANN), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (5243 Cirapevine Dr Kalayate west), Person in Charge (KRISTINNA), Responsible Person's E-mail, Certified Food Handler (N/A), Summary of Violations (C NC R), Menu Type (1 X 2 3 4 5).

- 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 columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Row 1: No Violations.

Received by (name and title printed): Kristinna Huffman; Inspected by (name and title printed): Scott Kikendall; Received by (signature): Kristinna Huffman; Inspected by (signature): Scott Kikendall; cc: fields.