



**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 <i>MW9 Inc</i>	Telephone Number <i>765-573-4274</i>	Date of Inspection <i>10-16-19</i>	ID # <i>27</i>
Establishment Address <i>2204 W 9th St Marion</i>	Owner <i>Happy Mahal</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>Happy Mahal</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 2 NC 3 R -</i>	
Owner's Address <i>1713 N Quincey Rd</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in Charge <i>Jod Singh</i>			
Responsible Person's e-mail			
Certified Food Handler			

- 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
<i>141</i>	<i>C</i>		<i>All deli express sandwiches in cooler has no date. Must be dated.</i>	<i>To Day</i>
<i>291</i>	<i>NC</i>		<i>this facility doesnt have any sanitizer strips</i>	<i>To Day</i>
<i>297</i>	<i>NC</i>		<i>Cappuccino Machine/Nozzles to be cleaned more frequently</i>	<i>To Day</i>
<i>191</i>	<i>C</i>		<i>4 lunchables in cooler dated July 2019</i>	<i>Removed</i>
<i>146</i>	<i>NC</i>		<i>labeling of ice - store name, address etc.</i>	

Received by (name and title printed): <i>HAPPY INC</i>	Inspected by (name and title printed): <i>Jod Singh PSto</i>
Received by (signature): <i>HS</i>	Inspected by (signature): <i>Jod Singh PSto</i>
cc:	cc: