



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 (MW9 Inc), Telephone Number (765), Date of Inspection (5-23-19), ID # (27), Establishment Address (2204 W 9th St Marion), Owner (Singh - Happy), Person in Charge (Singh Tarlochan), Responsible Person's E-mail (N/A), Certified Food Handler (Cooler), Purpose (Complaint), Follow-up (Yes), 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/NC, R, Narrative, To Be Corrected By. Narrative includes: Cooler not cooling - All meat, eggs, cheese, etc. And milk products discarded. - Owner is to call Health Dept. when cooler is repaired. 765-651-2401 ext 111 or 123

Received by (name and title printed): Inspected by (name and title printed): DEAN SMALL FSFO
Received by (signature): Tarlochan Singh Inspected by (signature): Dean Small FSFO
cc: cc: cc:

