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 MW 9 Inc	**Telephone Number** (765) Establishment ( ) Owner 573 4279	**Date of Inspection** *(mm/dd/yr)* 6-6-19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 2204 W 9th Marion			
Owner Happy Mahal	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) Cooler	**Follow-up** —	**Release Date** 10 days
Owner's Address 1713 N Quincy Rd		**Summary of Violations:** C____ NC____ R____	
Person in Charge Ravinder Singh		**Menu Type** *(See back of page)* 1___2___3___4___5___	
Responsible Person's E-mail —			
Certified Food Handler N/A			

- 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
			No. Hook Coolers were down - Not Working	
			As of 6/5/19 Cooler was fixed and	
			current temp is 20°F.	

Received by (*name and title printed*): Ravinder Singh	Inspected by (*name and title printed*): Dean Snyder RS 2
Received by (*signature*): Ravinder sign	Inspected by (*signature*): Dean Snyder RS 2
cc:	cc:
cc:	