



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 (MARION BP), Telephone Number (765 Establishment), Date of Inspection (2-26-19), ID # (27), Establishment Address (4992 S. Western Ave Marion), Owner (Saurinder Singh), Purpose (1. Routine), Follow-up (10 days), Owner's Address (512 N Main Sweetser), Person in Charge (Sunny Singh), Responsible Person's E-mail (N/A), Certified Food Handler (N/A), Summary of Violations (C 1 NC 3 R 2), Menu Type (1 X 2 X 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains 4 rows of violations: 298 (microwave interior), 191 (lunch meat in walk-in), 229 (cardboard shelf liner), 146 (facility bags ice).

Handwritten date 2/28/19 in a circle with initials.

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