



**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 <b>Marion BP</b>	Telephone Number <b>765</b> Establishment <b>674-9149</b> Owner	Date of Inspection <b>6-23-20</b> (mm/dd/yr)	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>4922 S Western Ave Marion</b>	Owner <b>Jewinder Singh</b>	Follow-up <b>Yes</b>	Release Date <b>10 days</b>
Owner's Address <b>512 N Main Sweetser</b>	Purpose: <u>1. Routine</u>	Summary of Violations: <b>C NC 3 R 1</b>	
Person in Charge <b>Teji Singh</b>	2. Follow-up	Menu Type (See back of page)	
Responsible Person's E-mail	3. Complaint	<b>1 2 X 3 X 4 5</b>	
Certified Food Handler <b>N/A</b>	4. Pre-Operational		
	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
295	NC		The following Non Food Contact Items Today are soiled with dried Food debris 1) Inside donut case to include handle 2) Outside of Napkin holder	
310	NC	X	Ceiling vent ABOVE Floor cooler in kitchen has leaves/debris in/on vent	
399	NC		Not allowed to use cardboard to line shelving in cooler	

Received by (name and title printed): <b>Teji Singh</b>	Inspected by (name and title printed): <b>Scott Kendall / Dean Small FSP</b>
Received by (signature): <i>Teji Singh</i>	Inspected by (signature): <i>Scott Kendall FSP / Dean Small FSP</i>
cc:	cc: