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 Marion BP	**Telephone Number** (765) Establishment ( ) Owner 674-9149	**Date of Inspection** (*mm/dd/yr*) 7-6-20	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 4922 S Western Ave Marion			
Owner Sawrinder Singh	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** NO	**Release Date** 10 day
Owner's Address 512 N Main Sweetser		**Summary of Violations:** C — NC — R —	
Person in Charge Teji Singh			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1 2 X 3 4 5	
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
			Violations from last inspection corrected	

Received by (*name and title printed*): Teji Singh	Inspected by (*name and title printed*): Scott Kikendall / Dean Sorrell
Received by (*signature*): [signature]	Inspected by (*signature*): Scott Kikendall FSD / [signature] FSD
cc:	cc: / cc: