



**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 <i>Marion Food Mart</i>		Telephone Number <i>(765) 261-0000</i>	Date of Inspection <i>3-18-19</i>	ID # <i>27</i>
Establishment Address <i>1503 N. Baldwin</i>		Owner <i>Lakhuinder Singh</i>	Follow-up <i>-</i>	Release Date <i>10 days</i>
Owner's Address <i>214 Quarry Rd Marion</i>		Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: <i>C 1 NC 1 R -</i>	
Person in Charge <i>Lakhuinder - (Lakhuinder Singh)</i>		2. Follow-up		
Responsible Person's E-mail		3. Complaint	Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Certified Food Handler <i>Enrolled 5-8-2019</i>		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
<i>295</i>	<i>C</i>	<i>X</i>	<i>Food processor is soiled w/ dried food on it Not in use being stored AS Clean.</i>	<i>Today</i>
<i>295</i>	<i>C</i>		<i>Utensils sitting on top of pizza oven Stored AS Clean - they ARE soiled w/ dried food</i>	}
<i>295</i>	<i>NC</i>		<i>Inside walkin cooler - pop & items need picked up very hard to get around. Also fan needs fixed / replaced in cooler</i>	

Received by (name and title printed): <i>IS</i>	Inspected by (name and title printed): <i>Dawn Lynch FSA</i>
Received by (signature): <i>Hobby Singh</i>	Inspected by (signature): <i>Mearshall FSA</i>
cc:	cc: