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 Food Mart	**Telephone Number**: (765) Establishment ( ) Owner (765) 662	**Date of Inspection** (*mm/dd/yr*): 9-13-19	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 1503 N Baldwin Ave Marion			
Owner: Lakhwinder - (Happy 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 days
Owner's Address: 214 Dunkery Rd		**Summary of Violations:** C 2 NC 1 R —	
Person in Charge: Sonu			
Responsible Person's E-mail: _____		**Menu Type** (*See back of page*): 1 ___ 2 ___ 3 X 4 ___ 5 ___	
Certified Food Handler: Class taken on 5-8-2019			

- 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
296	C		Pizza Utensils Need changed out or washed every 24 hrs daily	Today
297	NC		All pop Nozzles & Tea Nozzles to be cleaned daily — once every 24 hrs.	
191	C		3 packs Budding Chicken hanging in Cooler dated 1-May 2 Sept 2.	Removed

Received by (*name and title printed*): Sonu	Inspected by (*name and title printed*): Dawn Small FSD
Received by (*signature*):	Inspected by (*signature*):
cc:	cc:
cc:	