



**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 Food Mart</b>	Telephone Number <b>765</b> Establishment <b>662-6100</b>	Date of Inspection <i>(mm/dd/yr)</i> <b>6-3-21</b>	ID # <b>27</b>
Establishment Address <i>(number and street, city, state, ZIP code)</i> <b>1503 N Baldwin Ave Marion</b>	Owner <b>Lakhwinder Singh</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Lakhwinder Singh</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other <i>(list)</i>	Summary of Violations: <b>C NC / R</b>	
Owner's Address <b>214 Quarry Rd</b>		Menu Type <i>(See back of page)</i> <b>1 2 <u>X</u> 3 4 5</b>	
Person in Charge <b>[Signature]</b>			
Responsible Person's E-mail <b>[Redacted]</b>			
Certified Food Handler <b>[Signature]</b>			

- 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
<b>176</b>		<b>NC</b>		<b>North Side freezer that has ice cream ice is covering product - Defrost</b>	<b>ASAT</b>

Received by <i>(name and title printed)</i> :	Inspected by <i>(name and title printed)</i> : <b>Dawn Small PSto</b>
Received by <i>(signature)</i> : <b>[Signature]</b>	Inspected by <i>(signature)</i> : <b>[Signature] PSto</b>
cc:	cc: