



**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 Market LLC</i>	Telephone Number <i>765/651-0835</i>	Date of Inspection (mm/dd/yr) <i>3-12-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2246 W 2nd St</i>	Establishment <i>651-0835</i>	Follow-up <i>-</i>	Release Date <i>10 days</i>
Owner <i>Kai Patel</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 1 NC 1 R -</i>	
Owner's Address <i>Same</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Malkeet Singh</i>	3. Complaint	<i>1 X 2 3 4 5</i>	
Responsible Person's E-mail <i>-</i>	4. Pre-Operational		
Certified Food Handler <i>N/A</i>	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>NC</i>		<i>Inside doughnut case at bottom is soiled also handles on doors</i>	<i>Today</i>
<i>345</i>	<i>C</i>		<i>hand sink beside 3 bay sink is blocked with lights in front of also styrofoam cup in sink. hand sink is to be clean at all times</i>	<i>Today</i>
<i>3/13/19</i> <i>NSDM/aw</i>				

Received by (name and title printed): <i>MALKEET SINGH</i>	Inspected by (name and title printed): <i>DEAN SMALL</i>
Received by (signature): <i>Malkeet Singh</i>	Inspected by (signature): <i>Dean Small</i>
cc:	cc: