

## 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.

I ne time iin	nit for corr	ection	of each viol	ation is specifie	u m me	narrative portion o	n uns		·		T //
Establishme	ent Name							Telephone Number	Date of Ins (mm/dd/yr)		ID#
Marion Mart LLC								()()()()()()()()()()()()()()()()()()()	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		C. Comments
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Establishment Address (number and street, city, state, ZIP code)							651-0735	100	1 H		
22466, 2NO ST MARION								B. II	. I Dala	na Data	
Owner							Purpose:	Follow-up Release Date			
Gautauv Patel							1. Routine	NO 1000			
Owner's Address							2. Pollow-up	Summary of Violations:			
13256 MINKLN Carmel											
							3. Complaint		DIA	n	
Person in Charge							4. Pre-Operational	C	NC_	K	
Kuchin							5. Temporary				
Responsible Person's E-mail								Menu Type (See back of page)			
							6. НАССР	Α.			
Certified Food Handler								7. Other (list)	$1 \lor 2  3  4  5$		
Certified Fo	oou Hanuic	Α.	10						1 <del>-</del> <del>-</del> <del>-</del>		
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