



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.

Form with fields: Establishment Name (Marion Mart LLC), Telephone Number (765-651-0835), Date of Inspection (10-13-21), ID # (27), Establishment Address (2246 W 2nd St Marion), Owner (Gautam Patel), Purpose (Routine), Follow-up (No), Release Date (10 days), Owner's Address (13256 Mink Ln Carmel), Person in Charge (Perth n retail), Responsible Person's E-mail, Certified Food Handler (N/A)

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 345, C, , Hand washing sink is blocked w/ a metal pan. Hand washing ONLY!

Received by (name and title printed): Perth n retail; Inspected by (name and title printed): Dawn Smol / Scott Kickdall; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: [Blank]

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 10.13.2021

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 10-13-21.

DATE: 10-13-21 Action Taken: Parth Patel

section 345 C. Hand wash sink is has been cleared by Parth Patel

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Parth Patel Title: Cashier

Establishment Name: Marion Mart LLC

Address: 2246 W 2nd St Marion IN 46952