



**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 Pantry</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>10-2-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3245 S Washington St</i>			
Owner	Purpose: 1. Routine 2. Follow-up 3. <u>Complaint</u> 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner's Address <i>Javit Singh</i>		Summary of Violations: C ___ NC ___ R ___	
Person in Charge		Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
Responsible Person's E-mail			
Certified Food Handler			

- 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
			<p>Complaint on Fountain Machine Nozzle (Pepsi) has debris IN/ON FT.</p> <p>Found nozzle to have green debris w/ it when removed Told them to clean every 24 HOURS.</p> <p>we be back in 10 days</p>	

Received by (name and title printed): <i>Ravi Singh</i>	Inspected by (name and title printed): <i>Scott Kerkedal</i>	
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>	
cc:	cc:	cc: