



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 (Mario's), Telephone Number (773-677-2310), Date of Inspection (9-27-21), ID # (27), Establishment Address (4201 S. Washington St), Owner (Pioneer College Catering Inc), Owner's Address (303 Chenrose Ave), Person in Charge (Karen), Responsible Person's E-mail, Certified Food Handler (Becky Wright), Purpose (1. Routing), Follow-up (NO), Release Date (10 days), Summary of Violations (C NC R), Menu Type (1 2 3 4 5).

• 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. Content: No Violations

Received by (name and title printed): Becky Wright FSD; Inspected by (name and title printed): Scott Kikendall; Received by (signature): Becky Wright; Inspected by (signature): Scott Kikendall FSD