



**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>Meijer</i>		Telephone Number <i>(763) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>1-22-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3810 S. Westport Ave Marion</i>		Owner <i>(677) 6829</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Meijer</i>	<i>OWNERS ↓</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>	
Owner's Address			Menu Type (See back of page) <i>1</i> <u>X</u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	
Person in Charge <i>Lydia</i>				
Responsible Person's E-mail				
Certified Food Handler <i>Kuelyn BAZAN</i>	<i>EXP 3-17-21</i>			

- 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>no violations on this inspection</i>	

Received by (name and title printed): <i>LYDIA VETOR</i>	Inspected by (name and title printed): <i>Scott H. Kendall / D. Dean Smith</i>
Received by (signature): <i>Lydia Vektor</i>	Inspected by (signature): <i>Scott H. Kendall / D. Dean Smith</i>

cc:	cc:	cc:
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