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 MW9 Fuel	**Telephone Number** (765) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 5-23-19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 2204 W 9th St Marion			
Owner Singh - Happy	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* Cooler	**Follow-up** Yes	**Release Date**
Owner's Address		**Summary of Violations:** C____ NC____ R____	
Person in Charge Singh Tarlochan			
Responsible Person's E-mail N/A		**Menu Type** *(See back of page)* 1 X 2 3 4 5	
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
			Cooler Not Cooling - All Meat, eggs, Cheese, etc. and Milk products discarded.	DONE
			- Owner is to call Health Dept. when Cooler is repaired. 765-651-2401 ext 111 or 123	

Received by *(name and title printed)*:	Inspected by *(name and title printed)*: Dean Small FSFO
Received by *(signature)*: Tarlochan Singh	Inspected by *(signature)*: Dean Small FSFO
cc:	cc: cc: