



**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>New Market Store #776</i>	Telephone Number <i>765</i> Establishment	Date of Inspection (mm/dd/yr) <i>9-1-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1025 E Main St Gas City</i>	Owner <i>674-4223</i>		
Owner <i>LM Acquisition, INC</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>no</i>	Release Date <i>10 days</i>
Owner's Address <i>7318 International Dr OH</i>		Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Person in Charge <i>Tim</i>		Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible Person's E-mail 			
Certified Food Handler <i>Ryan Mauler exp 12-16-24</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	N	R	Narrative	To Be Corrected By
				<i>-Grocery - Store</i>	
				<i>NO VIOLATIONS</i>	
				<i>- Deli -</i>	
				<i>NO VIOLATIONS</i>	
				<i>Meat</i>	
				<i>NO VIOLATIONS</i>	
				<i>Produce</i>	
				<i>NO VIOLATIONS</i>	

Received by (name and title printed): <i>Tim Gerber</i>	Inspected by (name and title printed): <i>Scott Kendall FSIO</i>
Received by (signature): <i>Tim Gerber</i>	Inspected by (signature): <i>Scott Kendall</i>
cc:	cc: