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 Rai-Bro Corp - Docs Shop	**Telephone Number** 765 Establishment 668-0931 Owner	**Date of Inspection** (*mm/dd/yr*) 10-16-19	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1402 W 2nd St Marion			
Owner Karamjit Singh	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** No	**Release Date** 10 day c
Owner's Address 1413 W 1st St		**Summary of Violations:** C 2 NC — R 1	
Person in Charge Karamil Singh			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1 2 3 X 4 5	
Certified Food Handler Balwinder Kaar exp 2-2022			

• 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
430	NC	X	Ceiling tile above coolers also in Restroom brown in color needs replaced.	15 days
241	C		A used glove laying on prep table in Kitchen AREA.	Removed
191	C		items in cooler need to labeled & date marked EE - Soup beans, brown gravy etc.	

Received by (*name and title printed*): Karamjit Singh	Inspected by (*name and title printed*): Dean Small FSTO
Received by (*signature*): KARAM JIT SINGH	Inspected by (*signature*): Dean Small FSTO
cc:	cc: cc:

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419
e-mail foods@grantcounty.gov.

DATE: 10-21-19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dale Carr / Dean Small **from the Grant Co. Health Department on** 10/16/19.

DATE:	Action Taken:
10/20/19	430
10/16/19	241
10/16/19	191

Name of Respondent: KARAMJIT SINGH **Title:** OWNER

Establishment Name: RAJ BRO CORP 765-668-0931

Address: 1402 W. 2ND STREET MARION, IN 46952

Attach additional sheets as needed.