



**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>Kai-Bro Corp</i>	Telephone Number <i>765</i> Establishment	Date of Inspection (mm/dd/yr) <i>10-19-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1402 W 2nd St Marion</i>	() Owner <i>668-8931</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Karamjit Singh</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C — NC 3 R2</i>	
Owner's Address <i>1413 W 1st St.</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Karam</i>	3. Complaint	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail <u> </u>	4. Pre-Operational		
Certified Food Handler <i>Balvinder Kaur</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
298	NC	X	Microwave in kitchen and microwave by cappuccino machine both soiled inside	Today
295	NC	X	Cappuccino machine & pop nozzles is soiled. to be cleaned more often	30 days
430	NC		Ceiling tile through out store and in restroom - soiled / brown in color needs replaced	

Received by (name and title printed): <i>KARAMJIT SINGH</i>	Inspected by (name and title printed): <i>Deen Small / Swell Kiker</i>
Received by (signature): <i>KARAMJIT SINGH</i>	Inspected by (signature): <i>Deen Small / Swell Kiker</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 10/25/21

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 Dean Small / Scott Kikendall from the Grant Co. Health Department on 10-19-21.

DATE:	Action Taken:
<u>10/19/21</u>	<u>298</u>
<u>10/19/21</u>	<u>295</u>
<u>10/24/21</u>	
<u>10/24/21</u>	<u>430</u>

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: KARAM JIT SINGH Title: OWNER

Establishment Name: RAI BRO CORP 765-668-0931

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

Attach additional sheets as needed.

