



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 <u>Rai-Ber Corp - Docs Shop</u>		Telephone Number <u>765</u> Establishment	Date of Inspection (mm/dd/yr) <u>7/24/20</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>1402 W 2nd St Marion</u>		() Owner <u>668-0931</u>		
Owner <u>KARAM Jit Singh</u>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <u>NO</u>	Release Date <u>WEEKLY</u>	
Owner's Address <u>1413 W 1st St</u>	Summary of Violations: <u>C</u> <u>NC</u> <u>R</u>			
Person in Charge <u>Karam</u>	Menu Type (See back of page) <u>1</u> <u>2</u> <u>3</u> <u>X4</u> <u>5</u>			
Responsible Person's E-mail <u></u>				
Certified Food Handler <u>Balvinder Kaur exp 2022</u>				

- 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
			<u>No Violations on this inspection</u>	

Received by (name and title printed): <u>KARAM JIT SINGH</u>	Inspected by (name and title printed): <u>Scott H. Venkell / Deputy Sheriff</u>
Received by (signature): <u>Karam Jit Singh</u>	Inspected by (signature): <u>Scott H. Venkell / Deputy Sheriff</u>
cc:	cc: