



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>St Martin Center</i>	Telephone Number <i>(708) Establishment (651) Owner 9324</i>	Date of Inspection <i>(mm/dd/yr) 10-28-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>901 S. Bassett St. Marion</i>	Owner <i>Board of Directors</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C NC R</i>	
Person in Charge <i>Teresa</i>	Responsible Person's E-mail 	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Certified Food Handler <i>N/A</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/NC	R	Narrative	To Be Corrected By
			<i>No violation</i>	

Received by (name and title printed): <i>Teresa Campbell</i>	Inspected by (name and title printed): <i>Donna Smith / Scott K. Reynolds</i>
Received by (signature): <i>Teresa Campbell</i>	Inspected by (signature): <i>Donna Smith / Scott K. Reynolds</i>
cc:	cc: