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 St Martin Inc	**Telephone Number** (765) Establishment (651 - 9324) Owner	**Date of Inspection** *(mm/dd/yr)* 10 15 19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 901 S. Branson St Marion			
Owner Same	**Purpose:** 1. Routine ~~2. Follow-up~~ 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up** NO	**Release Date** 10 days
Owner's Address Same		**Summary of Violations:** C ___ NC ___ R ___	
Person in Charge Carol Fisher		**Menu Type** *(See back of page)* 1 ___ 2 ___ 3 X 4 ___ 5 ___	
Responsible Person's E-mail			
Certified Food Handler Teresa Campbell			

- 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
			- No violations at this inspection -	

Received by (*name and title printed*): CAROL FISHER	Inspected by (*name and title printed*): Dawn Smith FSS
Received by (*signature*): Carol Fisher	Inspected by (*signature*): Dawn Smith FSS

cc:	cc:	cc: