



**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>Village Pantry, # 5396</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i>	ID #
Establishment Address <i>1422 E 37th ST MARION</i>	<i>(674-9595)</i>	<i>9-14-21</i>	<i>27</i>
Owner <i>Village Pantry, LLC</i>	Purpose:	Follow-up	Release Date
Owner's Address <i>8565 Magellan Pkwy VA</i>	<u>1. Routine</u>	<i>NO</i>	<i>10 days</i>
Person in Charge <i>SHANNON</i>	2. Follow-up	Summary of Violations:	
Responsible Person's E-mail	3. Complaint	C <input type="checkbox"/> NC <input type="checkbox"/> R <input checked="" type="checkbox"/>	
Certified Food Handler	4. Pre-Operational	Menu Type (See back of page)	
<i>Getting Enrolled</i>	5. Temporary	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
	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
			<i>No Violations</i>	

Received by (name and title printed): <i>Shannon Erwin</i>	Inspected by (name and title printed): <i>Scott Kikendall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: