



**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>Marion C Market Inc</i>		Telephone Number <i>760 Establishment</i>	Date of Inspection (mm/dd/yr) <i>3-30-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>702 S. Washington St.</i>		<i>573-6744</i>		
Owner <i>Jasneet Kaur</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>	
Owner's Address <i>Fishers Ind</i>		Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>		
Person in Charge <i>Sabrina</i>		Menu Type (See back of page)		
Responsible Person's E-mail		1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
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/N/C	R	Narrative	To Be Corrected By
<i>243</i>	<i>NC</i>		<i>Bates of caps in store & in stock directly on floor</i>	<i>Today</i>

Received by (name and title printed): <i>Sabrina Stewart</i>	Inspected by (name and title printed): <i>Drew Small PSDA</i>
Received by (signature): <i>Sabrina Stewart</i>	Inspected by (signature): <i>Drew Small PSDA</i>
cc:	cc: