



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.

Form header section containing: Establishment Name (Marion Stop N Go), Telephone Number, Date of Inspection (4-10-23), ID # (27), Establishment Address (1314 W 10th St), Owner (Ashok Patel), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Summary of Violations (C, NC, R), Menu Type, and Certified Food Handler (N/A).

- 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"

Table with 4 columns: Section#, CNC, R, Narrative, To Be Corrected By. Contains 6 rows of inspection findings such as 'Plastic bag of ice 1/2 full sitting directly on ice at the Ice Bin' and 'Ice on product at Velvet Freezer - needs defrosted'.

Form footer section containing: Received by (name and title printed) Samuel Patel, Inspected by (name and title printed) Dawn Smith, Received by (signature) [Signature], Inspected by (signature) [Signature], and cc: fields.