



**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.

|  |  |  |                   |
|--|--|--|-------------------|
| <b>Establishment Name</b><br>Village Pantry # 5396   | <b>Telephone Number</b><br>(605) Establishment<br>(670) Owner 9595 | <b>Date of Inspection</b><br>(mm/dd/yr)<br>3-8-23  | <b>ID #</b><br>27 |
| <b>Establishment Address</b> (number and street, city, state, ZIP code)<br>1422 E 38th St. Marion                                  |  | <b>Follow-up</b><br>NO   |                   |
| <b>Owner</b><br>Village Pantry   |  |  |                   |
| <b>Owner's Address</b><br>8565 Magellan Pkwy VA  |  | <b>Release Date</b><br>10 days   |                   |
| <b>Person in Charge</b><br>Shannon   |  |  |                   |
| <b>Responsible Person's E-mail</b><br><br>   |  | <b>Summary of Violations:</b><br><br>C ___ NC ___ R ___  |                   |
| <b>Certified Food Handler</b><br>N/A   |  |  |                   |
| <b>Purpose:</b><br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) |  | <b>Menu Type</b> (See back of page)<br>1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___ |                   |

- 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 |                    |
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|   |  |
|---|--|
| <b>Received by</b> (name and title printed):<br>Shannon Erwin | <b>Inspected by</b> (name and title printed):<br>Dawn Sumner |
| <b>Received by</b> (signature):<br>                           | <b>Inspected by</b> (signature):<br>                         |
| <b>cc:</b>  | <b>cc:</b>   |