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 Crazy Mumbaiis	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 4/03/25	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 3707 S. Boots St.			
Owner Jeffrey 3 Jonkeshia Hahn	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address Same	2. Follow-up	**Summary of Violations:**	
Person in Charge Jeffrey 3 Jonkeshia Hahn	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational		
	5. Temporary	**Menu Type** *(See back of page)*	
Certified Food Handler Jeffrey Hahn	6. HACCP	1___ 2___ 3 ✓ 4___ 5___	
	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
			No violations at this time	

Received by (*name and title printed*): Jeffrey Hahn	Inspected by (*name and title printed*): Kyle Collins / Food Inspectors
Received by (*signature*): Jeffrey Hahn	Inspected by (*signature*):
cc:	cc: / cc: