



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 with fields: Establishment Name (Food Mart #1), Telephone Number (1003-2994), Date of Inspection (3/13/24), ID # (27), Establishment Address (1194 N Washington St), Owner (Sukhinder Kaurbath), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (Same), Person in Charge (JK), Responsible Person's E-mail, Certified Food Handler (NA), Summary of Violations (C- NC 1 R-), Menu Type (1 X 2 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 297, NC, Highland Estates COFFEE TRADERS Machine is soiled with dried mixture, Today.

Received by (name and title printed): JK, Inspected by (name and title printed): April Legare FS10, Received by (signature): Sukhinder Kaurbath, Inspected by (signature): April Legare, cc: (empty)