



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 (765 Establishment), Date of Inspection (10-29-20), ID # (27), Establishment Address (1194 N Washington St Marion), Owner (Sukhinder Kaur Bath), Owner's Address (Same / Jaz Kumar), Person in Charge (Sukhinder), Responsible Person's E-mail, Certified Food Handler, Purpose (1. Routine), Follow-up (NO), Release Date (today), Summary of Violations (C NC 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No violations on this inspection'.

Form with fields: Received by (name and title printed), Inspected by (name and title printed), Received by (signature), Inspected by (signature), cc:.