



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**

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-~~2A~~, 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 <i>Happy Discount Tabacce Store</i>	Telephone Number (707) Establishment <i>573 6019</i>	Date of Inspection (mm/dd/yr) <i>5-22-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1216 W 2nd St</i>			
Owner <i>Lakhwinder Singh</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i> </i>	Follow-up <i>No</i>	Release Date <i>10 day</i>
Owner's Address <i>Same</i>	Summary of Violations: <i>P - PC - B - 1</i>		
Person in Charge <i> </i>	Menu Type (See back of page) <i>1 2 3 4 5</i>		
Responsible Person's E-mail <i>sikhu</i>			
Certified Food Handler <i>N/A</i>			

- 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”

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

2000 82

cc:

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