



**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 <i>Happy Discount Tobacco Store</i>	Telephone Number <i>768 Establishment</i>	Date of Inspection (mm/dd/yr) <i>2-26-24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>12116 W 2nd St.</i>	Owner <i>578-6619</i>		
Owner <i>LAKHINDER SINGH</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>Nil</i>	Release Date <i>10 days</i>
Owner's Address <i>Sank</i>	Summary of Violations: <i>C 2 NC 2 R -</i>		
Person in Charge <i>Soni</i>	Menu Type (See back of page)		
Responsible Person's E-mail _____	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
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"

Section#	C/NC	R	Narrative	To Be Corrected By
<i>141</i>	<i>C</i>	<i>(I)</i>	<i>Tomato Juice sell by 10-2023</i>	
		<i>(II)</i>	<i>Creem of chicken soup Oct 2023</i>	
		<i>(I)</i>	<i>Stuffed Mix - MAR 2023</i>	
		<i>(II)</i>	<i>Grippa's Potato Chips 2-7502 12-2023</i>	
			<i>All items above on shelves and sell by date past</i>	
<i>347</i>	<i>NC</i>		<i>No paper towel at hand sink</i>	
<i>294</i>	<i>C</i>		<i>No sanitizer supplies at 3 bay sink</i> <i>WASH - RINSE - SANITIZE</i>	
<i>297</i>	<i>NC</i>		<i>Cleaning frequency of pop nozzles - sorted</i>	

Received by (name and title printed): <i>Soni</i>	Inspected by (name and title printed): <i>Diana Smith</i>
Received by (signature): <i>Soni</i>	Inspected by (signature): <i>Diana Smith</i>
cc:	cc: