



RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

10 Days

Date

3-31-26

No. of Risk Factor/Intervention Violations

2

Time In

Time Out

#27

No. of Repeat Risk Factor/Intervention Violations

Establishment

Highway 9

Address

3749 S Western

City/State

Munich IN

Zip Code

46923

Telephone

765-573-4580

License/Permit #

206-010

Permit Holder

Happy Lakshminarayana Singh

Purpose of Inspection

Routine

Est. Type

2

Risk Category

2

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS		R	
Supervision					
1	IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties			
2	IN OUT N/A N/O	Certified Food Protection Manager			
Employee Health					
3	IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	IN OUT N/A N/O	Proper use of restriction and exclusion			
5	IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices					
6	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use			
7	IN OUT N/A N/O	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
8	IN OUT N/A N/O	Hands clean & properly washed			
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible			
Approved Source					
11	IN OUT N/A N/O	Food obtained from approved source			
12	IN OUT N/A N/O	Food received at proper temperature			
13	IN OUT N/A N/O	Food in good condition, safe, & unadulterated			
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction			
Protection from Contamination					
15	IN OUT N/A N/O	Food separated and protected			
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized			

Compliance Status		COS		R	
17	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food			
Time/Temperature Control for Safety					
18	IN OUT N/A N/O	Proper cooking time & temperatures			
19	IN OUT N/A N/O	Proper reheating procedures for hot holding			
20	IN OUT N/A N/O	Proper cooling time and temperature			
21	IN OUT N/A N/O	Proper hot holding temperatures			
22	IN OUT N/A N/O	Proper cold holding temperatures			
23	IN OUT N/A N/O	Proper date marking and disposition			
24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records			
Consumer Advisory					
25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations					
26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
27	IN OUT N/A N/O	Food additives: approved & properly used			
28	IN OUT N/A N/O	Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures					
29	IN OUT N/A N/O	Compliance with variance/specialized process/HACCP			

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R=repeat violation

Compliance Status		COS		R	
Safe Food and Water					
30		Pasteurized eggs used where required			
31		Water & ice from approved source			
32		Variance obtained for specialized processing methods			
Food Temperature Control					
33		Proper cooling methods used; adequate equipment for temperature control			
34		Plant food properly cooked for hot holding			
35		Approved thawing methods used			
36		Thermometers provided & accurate			
Food Identification					
37		Food properly labeled; original container			
Prevention of Food Contamination					
38		Insects, rodents, & animals not present			
39		Contamination prevented during food preparation, storage & display			
40		Personal cleanliness			
41		Wiping cloths: properly used & stored			
42		Washing fruits & vegetables			

Compliance Status		COS		R	
Proper Use of Utensils					
43		In-use utensils: properly stored			
44		Utensils, equipment & linens: properly stored, dried, & handled			
45		Single-use/single-service articles: properly stored & used			
46		Gloves used properly			
Utensils, Equipment and Vending					
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48	X	Warewashing facilities: installed, maintained, & used; test strips			
49		Non-food contact surfaces clean			
Physical Facilities					
50		Hot & cold water available; adequate pressure			
51		Plumbing installed; proper backflow devices			
52		Sewage & wastewater properly disposed			
53		Toilet facilities: properly constructed, supplied, & cleaned			
54		Garbage & refuse properly disposed; facilities maintained			
55		Physical facilities installed, maintained, & clean			
56		Adequate ventilation & lighting; designated areas used			

Person In Charge (Signature)

Inspector (Signature)

Date:

3-31-26

Follow-up: YES

NO

(Circle one)

Follow-up Date:



Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: March 31 2026

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on _____

<u>DATE</u>	<u>ACTION TAKEN</u>
3-31-26	I will order all supplies today and clean all fire machines

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name _____ Title _____

Establishment _____

Address _____

Attach additional sheets as needed.