



# 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**

7-26

**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 <b>JN K INC</b>	Telephone Number (      ) Establishment <b>765</b> (      ) Owner <b>5134044</b>	Date of Inspection (mm/dd/yr) <b>8/11/25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>122 E. 38th St., Marion</b>			
Owner <b>Amninder Singh</b>	Purpose: <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 1. Routine</li><li><input type="checkbox"/> 2. Follow-up</li><li><input type="checkbox"/> 3. Complaint</li><li><input type="checkbox"/> 4. Pre-Operational</li><li><input type="checkbox"/> 5. Temporary</li><li><input type="checkbox"/> 6. HACCP</li><li><input type="checkbox"/> 7. Other (list) <hr/></li></ul>	Follow-up <b>NO</b>	Release Date <b>—</b>
Owner's Address <b>5134044</b>	Summary of Violations:  <b>P — NC — R —</b>		
Person in Charge <b>Farleen</b>	Menu Type (See back of page)		
Responsible Person's E-mail <b>—</b>			
Certified Food Handler <b>NIA</b>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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)

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