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 MJ 95 INC	**Telephone Number** 765 Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 11-13-24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 3245 S Washington St			
Owner Mandeep Singh	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) ______	**Follow-up** No	**Release Date** 10 days
Owner's Address Same		**Summary of Violations:** C — NC — R —	
Person in Charge Sonu			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1___ 2 ✓ 3___ 4___ 5___	
Certified Food Handler —			

- **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
			No violations	

Received by (*name and title printed*): Sonu	Inspected by (*name and title printed*): Dean Sass
Received by (*signature*): Sonu	Inspected by (*signature*): Dean Sass FSO

cc:	cc:	cc: