



**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 <u>MJ 95 Inc</u>	Telephone Number (707) 555-1234 () Establishment () Owner	Date of Inspection (mm/dd/yr) <u>4-7-28</u>	ID # <u>27</u>
Establishment Address (number and street, city, state/ZIP code) <u>3245 S. Washington St.</u>			
Owner <u>Mandeep Singh</u>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u> </u>	Follow-up <u>NR</u>	Release Date <u>10 days</u>
Owner's Address <u>Same</u>	Summary of Violations: <u>C— NC— R—</u>		
Person in Charge <u>Sonu</u>			
Responsible Person's E-mail <u> </u>			
Certified Food Handler <u>N/A</u>	Menu Type (See back of page) <u>1—2—3—4—5—</u>		

- 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):

Sonya

Inspected by (name and title printed):

Received by (signature):

Imported by (sign name)

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cc: