



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-~~2A~~, 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 - Marion Pantry</u>		Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <u>9-2-28</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: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u> </u>	Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner's Address <u>Same</u>		Summary of Violations: <u>P - P - C - R -</u>		
Person in Charge <u> </u>		Menu Type (See back of page) <u>1. B 2. 3. 4. 5. </u>		
Responsible Person's E-mail <u> </u>				
Certified Food Handler <u>N/A</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): <u>SONN</u>	Inspected by (name and title printed): <u>Denn Sonn</u>	
Received by (signature): <u>SONN</u>	Inspected by (signature): <u>Denn Sonn</u>	
cc:	cc:	cc: