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: Mama's Hometown Market	**Telephone Number**: ( ) Establishment ( ) Owner 661-7842	**Date of Inspection** (*mm/dd/yr*): 4/10/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 506 S Washington St Marion			
Owner: Kenneth Harvey	**Purpose**: 1. Routine (circled)	**Follow-up**: NO	**Release Date**: 10days
Owner's Address: Same	2. Follow-up	**Summary of Violations**: C— NC 1 R—	
Person in Charge: Josiah	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler: Kenneth Harvey 7/10/2023	5. Temporary	**Menu Type** (*See back of page*): 1 2 3 X 4 5	
	6. HACCP		
	7. Other (*list*) _____		

- 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
298	NC		Microwave soiled inside with dried food	Today

Received by (*name and title printed*): Josiah Harvey

Received by (*signature*): Josiah Harvey

Inspected by (*name and title printed*): April Legare FSID

Inspected by (*signature*): April Legare

cc: | cc: | cc: