



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 Marion BP			Telephone Number 718-9149	Date of Inspection 3-19-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4922 S Western Ave			Establishment Owner		
Owner Surinder Singh			Purpose: 1. Routine	Follow-up Yes	Release Date 10 days
Owner's Address Stone			2. Follow-up	Summary of Violations:	
Person in Charge			3. Complaint	C 4 NC 1 R 3	
Responsible Person's E-mail Surinder Singh			4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler N H			5. Temporary	1 2 3 4 5	
			6. HACCP		
			7. Other (list) 		
<ul style="list-style-type: none"> • 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	
141	C		lunchable - Pizza Pepperoni sitting in cooler use by 3-14-2025		
191	C		p deli express & market sandwiches must be delivered in cooler - No date marking		
303	C		No sanitizers made up in Kitchen Area		
407	NC		Dust on vents & ceiling in Kitchen		
295	C	X	Inside top of ice machine soiled		
298	NC	X	Inside top of microwave soiled w/char food debris		
Received by (name and title printed): Kamaljeet Singh			Inspected by (name and title printed) Deen Sajid RST		
Received by (signature): Kamaljeet Singh			Inspected by (signature): Deen Sajid RST		
cc:	cc:	cc:	cc:	cc:	cc: