



**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 Maroon BP	Telephone Number Not Establishment 674-9149	Date of Inspection (mm/dd/yr) 3-19-24	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4922 S. Western Ave	Owner Saurinder Singh (Sony)	Purpose: 1. <u>Routine</u> 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	Person in Charge Sony	Summary of Violations: C - NC 2 R -	
Responsible Person's E-mail	Responsible Person's E-mail	Menu Type (See back of page) 1 2/3 4 5	
Certified Food Handler N/A			

- 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	
433	NC		Mop directly on floor - must air dry	7/2 days	
997	NC		Inside microwave is soiled w/ dried food	7/2 days	

Received by (name and title printed): Sony Singh	Inspected by (name and title printed): Debra Singh
Received by (signature): 	Inspected by (signature):
cc:	cc: