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 C Mart Inc	**Telephone Number** 765 Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 3-19-24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 702 S Washington St.			
Owner Jasneet Kaur	**Purpose:** 1. (Routine) 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 Fishers IN		**Summary of Violations:** C— NC/ R—	
Person in Charge Jasneet			
Responsible Person's E-mail —		**Menu Type** *(See back of page)* 1 X 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
302	NC		No sanitizer available at 3 bay sink Wash - Rinse - Sanitize	Today

Received by (*name and title printed*):

Received by (*signature*):
Jasneet Kaur.

Inspected by (*name and title printed*):
Drew Smith

Inspected by (*signature*):
Drew Smith PSD

cc: | cc: | cc: