

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 <i>Marian Darts Inc</i>		Telephone Number (708) Establishment <i>573-6459</i>	Date of Inspection (mm/dd/yr) <i>3-14-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>830 N Belmont Ave</i>		Owner <i>Jay Pankollu</i>		
Owner's Address <i>IL</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10 days</i>
Person in Charge <i>Jennifer</i>			Summary of Violations: <i>C 2 NC 1 R 1</i>	
Responsible Person's E-mail			Menu Type (See back of page) <i>1 2 3 4 5</i>	
Certified Food Handler <i>Jennifer Carrick exp 11-2029</i>				
• 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
<i>431</i>	<i>NC</i>	<i>X</i>	<i>Flooring throughout - especially line cutter &amp; trench on floor</i>	<i>Tolson</i>
<i>294</i>	<i>C</i>		<i>3 buckets of sanitizer - 0 ppm</i>	
<i>345</i>	<i>C</i>	<i>X</i>	<i>Hand sink has ice in it only for hand washing!</i>	
Received by (name and title printed): <i>Jennifer Carrick</i>			Inspected by (name and title printed): <i>Dean [Signature]</i>	
Received by (signature): <i>Jennifer Miles</i>			Inspected by (signature): <i>Dean [Signature] BTO</i>	
cc:		cc:		cc: