



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 <i>Marion Darts Inc</i>	Telephone Number (708) 573-6459	Date of Inspection (mm/dd/yr) 3/14/28	ID # 27
Establishment Address (number and street, city, state, ZIP code) 830 N Baldwin Ave	Follow-up No		
Owner <i>Jay Punukollu</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>IL</i>	Release Date 10 days	
Owner's Address	Summary of Violations: <i>C 2 NC 1 R 1</i>		
Person in Charge <i>Jennifer</i>	Menu Type (See back of page)		
Responsible Person's E-mail	1 2 3 4 5		
Certified Food Handler <i>Jennifer Carrick exp 11-2029</i>			
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>			
Section#	C/NC	R	Narrative
431	NC	<i>✓</i>	<i>Pooling throughout - especially line outlet & trash on floor</i>
294	C		<i>3 buckets of sanitizer - Ø ppm</i>
345	C	<i>✓</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>Sean</i>	
Received by (signature): <i>Jennifer Miles</i>		Inspected by (signature): <i>Sean</i>	
cc:	cc:	cc:	cc: