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 Go Mart	**Telephone Number** (765) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 10-16-24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 3801 S Western Ave			
Owner Himansy Kumar Patel	**Purpose:** 1. Routine	**Follow-up** No	**Release Date** 10 days
Owner's Address Zionsville	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Summary of Violations:** C — NC 1 R —	
Person in Charge Sandy			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 X 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
351	NC		No lid on trash Receptacle in restroom	Today

Received by (*name and title printed*):	Inspected by (*name and title printed*): Dean Stipp
Received by (*signature*):	Inspected by (*signature*):
cc:	cc:
cc:	