



## 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 Do Mart</i>	Telephone Number (   ) 765	Date of Inspection (mm/dd/yr) <i>3/31/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3801 South Western Ave, Marion</i>	Owner <i>Himanshu Raymoy Patel</i>	Owner <i>1674-1360</i>	
Owner <i>Himanshu Raymoy Patel</i>	Complaint 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>None</i>	Follow-up <i>NO Follow-up</i>	Release Date <i>Not 10 days</i>
Owner's Address <i>None</i>	Summary of Violations:		
Person in Charge <i>Sonali</i>	C <input type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>		
Responsible Person's E-mail <i>—</i>	Menu Type (See back of page)		
Certified Food Handler <i>N/A</i>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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
431	NC		<p>Dark residue on walk-in cooler    - on walls, ceiling, fan covers    Needs cleaned</p> <p>(Stopped by 4-1-25 and gave information for    Cleaning Order)</p>	Today

Received by (name and title printed):

5-7

Inspected by (name and title printed):

Received by (signature):

SANDX SINGH

Inspected by (Signature)

Inspected by Signature: John Hall Date: 1510

CC:

66

667