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 (629) Owner 1360	**Date of Inspection** *(mm/dd/yr)*: 4-1-24	**ID #**: 27
Establishment Address *(number and street, city, state, ZIP code)*: 3801 S Western Ave			
Owner: Hmanshu Kumar Patel	**Purpose:** 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**: NO	**Release Date**: 10 day
Owner's Address: Zionsville IN		**Summary of Violations:** C___ NC 1 R 1	
Person in Charge: Sandeep			
Responsible Person's E-mail		**Menu Type** *(See back of page)*: 1 N 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
297	NC		Cappuccino Nozzles & fountain nozzles are soiled Increase cleaning frequency	Today

Received by (*name and title printed*): SANDEEP	Inspected by (*name and title printed*):
Received by (*signature*):	Inspected by (*signature*): FSD
cc:	cc:
cc:	