



# 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 <b>Marion Mart, LLC</b>		Telephone Number ( <b>785</b> ) Establishment	Date of Inspection ( <b>4/27/25</b> )	ID # <b>27</b>										
Establishment Address (number and street, city, state, ZIP code) <b>228 Westland Dr., Marion</b>		Owner <b>Samuel Patel</b>	Owner <b>651-0835</b>											
Owner <b>Samuel Patel</b>	Purpose:  <ul style="list-style-type: none"><li>1. Routine</li><li>2. Follow-up</li><li>3. Complaint</li><li>4. Pre-Operational</li><li>5. Temporary</li><li>6. HACCP</li><li>7. Other (list) _____</li></ul>	Follow-up <b>NO</b>	Release Date <b>10 days</b>											
Owner's Address <b>Same</b>	Summary of Violations:  <table border="0"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><b>C</b></td><td><b>NC</b></td><td><b>R</b></td></tr></table>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b>	<b>NC</b>	<b>R</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<b>C</b>	<b>NC</b>	<b>R</b>												
Person in Charge <b>Samuel Patel</b>	Menu Type (See back of page)  <table border="0"><tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><b>1</b></td><td><b>2</b></td><td><b>3</b></td><td><b>4</b></td><td><b>5</b></td></tr></table>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>										
Responsible Person's E-mail <b></b>														
Certified Food Handler <b>N/A</b>														

- 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"

Received by (name and title printed):

Inspected by *name and title* *initials*

P. 111 (in 1)

## Unit 10

cc:

88

663

## Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123  
Fax 765-651-2419

Date: 4/23/25

765-651-2401 (Phone) 765-651-2419 (Fax)  
Grant County Health Department  
401 South Adams Street  
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 4/22/25

<u>DATE</u>	<u>ACTION TAKEN</u>
<u>4/23/25</u>	<u>Done by Employees</u>
<u>310</u>	

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Meet Rutherford Title Manager

Establishment \_\_\_\_\_

Address 2245 W 2nd St. Marion IN 46952

Attach additional sheets as needed.