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 Stop N Go	**Telephone Number** ( ) Establishment ( ) Owner 664-4191	**Date of Inspection** (*mm/dd/yr*): 3/25/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 1314 W 10th St Marion			
Owner: Gautam Patel	**Purpose:** 1. Routine (circled)	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: Carmel, In	2. Follow-up	**Summary of Violations:** C – NC 3 R 1	
Person in Charge: Sabre	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
	5. Temporary	1 X 2 3 4 5	
Certified Food Handler: NA	6. HACCP		
	7. Other (*list*) _____		

- 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
402	NC	✓	+1-5 ceiling tiles are Stained brown in color	10 days
178	NC		Ice touching product in the Helado's freezer - needs defrosted	ASAP
433	NC		Wet mop in dry bucket in Store Room	Today

Received by (*name and title printed*):	Inspected by (*name and title printed*): April Teague FS10
Received by (*signature*): Patel	Inspected by (*signature*): April Teague
cc:	cc: cc: