



**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 C Market Inc</i>	Telephone Number <i>760 Establishment</i> <i>(579) wper 6744</i>	Date of Inspection (mm/dd/yr) <i>2-28-22</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>702 S Washington St</i>		Follow-up <i>N</i>	Release Date <i>10 days</i>
Owner <i>Sasneef Kaur</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 2 R -</i>	
Owner's Address <i>10279 Blue Ribbons Blvd</i>		Menu Type (See back of page) <i>1 X 2 3 4 5</i>	
Person in Charge <i>Keisha</i>			
Responsible Person's E-mail <i>[redacted]</i>			
Certified Food Handler <i>N/A</i>			

- 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
<i>175</i>	<i>NC</i>		<i>Apples sitting in basket not wrapped. Fruit/Veggies ready to eat must be wrapped</i>	<i>today</i>
<i>295</i>	<i>C</i>		<i>Right side grinder (in use) soiled w/ diced food</i>	<i>} [bracketed]</i>
<i>243</i>	<i>NC</i>		<i>Styrofoam cups sitting in break room directly on floor - must be up 6"</i>	

Received by (name and title printed): <i>Keisha Marley</i>	Inspected by (name and title printed): <i>Denny Smith</i>
Received by (signature): <i>Keisha Marley</i>	Inspected by (signature): <i>[Signature]</i> RSTO
cc:	cc: