



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.

Form header containing: Establishment Name (Marion Food Mart), Telephone Number (616-210-1000), Date of Inspection (3-11-20), ID # (27), Establishment Address (1503 N Baldwin Ave Marion), Owner (Lokhinder Singh), Owner's Address (214 Quarry Rd), Person in Charge (Happy), Responsible Person's E-mail (N/A), Certified Food Handler (N/A), Purpose (1. Routine), Follow-up (1), Release Date (10 days), Summary of Violations (C2 NC - R2), Menu Type (1 2 3 4 5).

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 118, C, Y, Need a person at this store only - certified food handler - have until 4-1-20 to show C-FH OR NO selling pizzas. Row 2: 295, C, X, Vegetable slices hanging on wall soiled w/ dried food.

Received by (name and title printed): HR Inspected by (name and title printed): Dawn Spruill FSD
Received by (signature): HAPPY Singh Inspected by (signature): Dawn Spruill FSD

cc: (empty)