



**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 Pantry</i>		Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>10-16-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3245 S Washington St</i>		Purpose: 1. Routine 2. <u>Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>0 days</i>
Owner	Owner's Address	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>		
Person in Charge <i>Javijit Singh</i>	Responsible Person's E-mail	Menu Type (See back of page) 1 <u>X</u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Certified Food Handler				

- 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	N	R	Narrative	To Be Corrected By
				<i>Inspected Pop nozzles on fountain machines and found that they are clean at this time</i>	

Received by (name and title printed): <i>RAVINDAR SINGH</i>	Inspected by (name and title printed): <i>Scott Kilpatrick</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: