



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>Needler's Fresh Market #922</i>		Telephone Number (<i>785</i>) Establishment	Date of Inspection (<i>mm/dd/yr</i>)	ID #
Establishment Address (number and street, city, state, ZIP code) <i>1013 Forest Ave, Marion</i>		(<i>662-2612</i>) Owner	<i>8-5-25</i>	<i>27</i>
Owner <i>Fresh Encounter Inc.</i>	Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>_____</i> 		Follow-up <i>No</i>	Release Date <i>10 Days</i>
Owner's Address <i>None</i>	Summary of Violations: <i>P - F = R -</i>			
Person in Charge <i>Kyle Walker</i>	Menu Type (See back of page)			
Responsible Person's E-mail <i>_____</i>				
Certified Food Handler <i>?</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"

Received by (name and title printed):

Kyle Worling

Inspected by (name and title printed):

Inspected by (signature):

Received by (signature):

Wyl Worley

cc: