



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: Needles Market #922, Telephone Number: (768) Establishment, Date of Inspection: 2-5-24, ID #: 27, Establishment Address: 1013 Forest Ave, Owner: Fresh Encounters Inc, Purpose: 1. Routine, Follow-up: NY, Release Date: 10 days, Owner's Address: OA, Person in Charge: John, Responsible Person's E-mail: [blank], Certified Food Handler: John Cromwell exp 2027

- 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. Contains entries for floor mats, bakery items, door seal, and doughnut case.

Foods @ grantcounty.net

Received by (name and title printed): John Cromwell, Inspected by (name and title printed): Devin Small, Received by (signature): [Signature], Inspected by (signature): [Signature]

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111
Fax 765-651-2419

DATE: 2-6-24

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / April Legare from the Grant Co. Health Department on 2-5-24.

Date:	Action Taken:
<u>2-6-24</u>	<u>MISSING FLOOR TILES AROUND THE STOVE, WAITING ON ESTIMATE FROM STAGGS FLOORING TO REPLACE ASAP</u>
<u>2-6-24</u>	<u>MARKED CONTAINER IN BAKERY FOR CINNAMON SUGAR CONTENT</u>
<u>2-6-24</u>	<u>CALLED MAINTENANCE TO REPLACE DOOR SEAL ON MEAT COOLER DOOR, UNDOID SCREWS PUT BACK IN PLACE</u>
<u>2-5-24</u>	<u>CLEANED HANDLES ON DOUGHNUT CASE AND DOUGHNUT UNIT</u>
<u>2-6-24</u>	<u>EMPTIED CONTAINER WITH UTENSILS, CLEANED CONTAINER & UTENSILS</u>

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL/FAX WITHIN 10 DAYS)

Name of Respondent: JOHN CROMWELL Title: STORE DIRECTOR

Establishment Name: NEEDLERS # 922

Address: 1013 N. FOREST AVE MARION, INDIANA 46952