



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>Quickway Market</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <i>901 E Bradford St.</i>	<i>12-9-25 27</i>		
Owner <i>Singh</i>	Purpose: 1. <input checked="" type="radio"/> Routine 2. <input type="radio"/> Follow-up 3. <input type="radio"/> Complaint 4. <input type="radio"/> Pre-Operational 5. <input type="radio"/> Temporary 6. <input type="radio"/> HACCP 7. <input type="radio"/> Other (list) <i> </i>	Follow-up <i>Ne</i>	Release Date <i>-</i>
Owner's Address <i>11797 Boothway Ln</i>	Summary of Violations: <i>P - PC - G -</i>		
Person in Charge	Menu Type (See back of page) <i>1 P 2 3 4 5</i>		
Responsible Person's E-mail <i> </i>			
Certified Food Handler <i>NIN</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):

Inspected by (name and title printed):

GRUPKAPANUR SINGH

[Signature]

Received by (signature):

/ (signature):

Inspected by (signature)

pected by (signature):

CC

CC

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