



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 7-22, 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 <u>Quickway Market Inc</u>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <u>901 E Blandford St</u>	<u>5-29-25</u> <u>27</u>		
Owner <u>Gurpreet Singh</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>Plat - 63</u>		
Owner's Address <u>fishers In</u>	Follow-up <u>No</u>	Release Date <u>19</u>	Summary of Violations:
Person in Charge <u>ACE</u>	Menu Type (See back of page)		
Responsible Person's E-mail	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>		
Certified Food Handler <u>NIA</u>			

- 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):

Nimaan dee

Inspected by (signature)

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Self-study 10

• 100% Satisfaction