



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>One Way Van Buren</i>	Telephone Number (<i>765</i>) Establishment <i>878-4012</i> Owner	Date of Inspection (mm/dd/yr) <i>3/1/15</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>101 North 1st St., Van Buren</i>			
Owner <i>Supreet Singh</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>None</i>	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner's Address <i>Same</i>			
Person in Charge <i>Janita</i>			
Responsible Person's E-mail <i>None</i>			
Certified Food Handler <i>NA</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 or mark*

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THE END

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