

**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 57480 (R2 / 4-25)

INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

10 Days

Date

June 24-26

No. of Risk Factor/Intervention Violations

1

Time In

Time Out

No. of Repeat Risk Factor/Intervention
Violations

0

27

Establishment

Address

City/State

Zip Code

Telephone

License/Permit #

Permit Holder

Purpose of Inspection

Est. Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R
Supervision			
1	IN OUT N/A N/O Person in charge present, demonstrates knowledge, and performs duties		
2	IN OUT N/A N/O Certified Food Protection Manager		
Employee Health			
3	IN OUT N/A N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	IN OUT N/A N/O Proper use of restriction and exclusion		
5	IN OUT N/A N/O Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
6	IN OUT N/A N/O Proper eating, tasting, drinking, or tobacco products use		
7	IN OUT N/A N/O No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8	IN OUT N/A N/O Hands clean & properly washed		
9	IN OUT N/A N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	IN OUT N/A N/O Adequate handwashing sinks properly supplied and accessible		
Approved Source			
11	IN OUT N/A N/O Food obtained from approved source		
12	IN OUT N/A N/O Food received at proper temperature		
13	IN OUT N/A N/O Food in good condition, safe, & unadulterated		
14	IN OUT N/A N/O Required records available: molluscan shellfish identification, parasite destruction		
Protection from Contamination			
15	IN OUT N/A N/O Food separated and protected		
16	IN OUT N/A N/O Food-contact surfaces; cleaned & sanitized		

Compliance Status		COS	R
17	IN OUT N/A N/O Proper disposition of returned, previously served, reconditioned & unsafe food		
Time/Temperature Control for Safety			
18	IN OUT N/A N/O Proper cooking time & temperatures		
19	IN OUT N/A N/O Proper reheating procedures for hot holding		
20	IN OUT N/A N/O Proper cooling time and temperature		
21	IN OUT N/A N/O Proper hot holding temperatures		
22	IN OUT N/A N/O Proper cold holding temperatures		
23	IN OUT N/A N/O Proper date marking and disposition		
24	IN OUT N/A N/O Time as a Public Health Control; procedures & records		
Consumer Advisory			
25	IN OUT N/A N/O Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26	IN OUT N/A N/O Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
27	IN OUT N/A N/O Food additives: approved & properly used		
28	IN OUT N/A N/O Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29	IN OUT N/A N/O Compliance with variance/specialized process/HACCP		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R=repeat violation

Compliance Status		COS	R
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, & animals not present		
39	Contamination prevented during food preparation, storage & display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		

Compliance Status		COS	R
Proper Use of Utensils			
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored & used		
46	Gloves used properly		
Utensils, Equipment and Vending			
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
Physical Facilities			
50	Hot & cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage & wastewater properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)

Date:

Inspector (Signature)

Follow-up: YES NO (Circle one) Follow-up Date:

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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION20250349
License/Permit #June 24 2026
Date

Establishment

Address

City/State

Zip/Code

Telephone

Paul B. Corp 1402 W 2nd St. Marion 46952 —

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.

Complete by Date:

213 P - 21

Hot holding of the chicken tenders
• 177
Recooked/warmed to correct
temperatureCorrected
on site

Published Comment

Person In Charge (Signature)

Date:

Inspector (Signature)

Date:

Kareem J T SINGH

150

6-24-26

FE1-2026-0349
12/1/25

APPLICATION FOR FOOD LICENSE

GRANT COUNTY HEALTH DEPARTMENT

401 South Adams Street

Marion, Indiana 46953

Phone: (765) 651-2401 ext. 3123 or 3111 Fax: (765) 651-2419

A late fee of \$ 100.00 will be charged for all applications received after December 31st

Applications received by mail must be post marked on or before December 31st

Failure to comply before January 1st could result in closure

Establishment Name: RAI BRO CORP

Phone: 7656680931

Establishment Address 1402 W 2nd Street

Email skaramjit75@yahoo.com

City: Marion State Indiana

Zip 46952

Hours of Operation: 9 a.m. - 6 p.m. everyday

Catering Yes No ☒ X

Water Supply: Public ☒ Private Well Sewage: Public ☒ Septic ☒ X

Establishment Type: Restaurant ☒ Retail Tavern / Restaurant Market Bed & Breakfast Mobile Food Truck Vending

Name of Certified Food Handler (Only One) Balvinder Kaur Certificate issue date: 09/08/2025

Owners Name: Karamjit Singh

Phone : 4084061243

Owners' Address : 1413 W 1st St

Email: skaramjit75@yahoo.com

City: Marion

State Indiana Zip Code 46952

FEES

RESTAURANT/TAVERN

1-10 Employees	\$75.00
11-25 Employees	\$100.00
26+ Employees	\$150.00
Bed and Breakfast	\$35.00
Micro Markets	\$75.00
Vending Machines with potentially Hazardous Foods Per machine	\$5.00

OR

MARKET/RETAIL

Under 2000 sq ft	\$75.00
2001 - 10,000 sq ft	\$100.00
10,001 or more sq ft	\$150.00
Mobile Food Sales Truck	\$75.00

Number of Employees: 2

Square Footage: 2,001 - 10,000 sq ft

(RESTAURANT / TAVERN ONLY)

(MARKET / RETAIL ONLY)

New Facility will be charged a one-time fee of \$60.00

Amount of Fee Submitted: \$0.00 \$0.00 \$100.00
New Facility Late Fee Annual Fee

Total Of Fees Submitted \$100.00

Payment Method: Cash ☐ Check / Money Order# X Credit/Debit (MUST CALL!) ☐

SIGNATURE: Balvinder Kaur

DATE: 11/28/2025

Self - addressed stamped envelope required

Revised 12/2022