



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**

7-26 Amc

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>Hub City Corp. (Dessert Shop #18)</i>	Telephone Number () 765	Date of Inspection (mm/dd/yr) <i>5/14/23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>102 W. 9th St., Marion</i>	Owner <i>Owner</i>		
Owner <i>Oliver</i>	Purpose: <ul style="list-style-type: none">1. Routine2. Follow-up3. Complaint4. Pre-Operational5. Temporary6. HACCP7. Other (list) <i>None</i>	Follow-up <i>NO</i>	Release Date <i>0000/00/00</i>
Owner's Address <i>5001</i>	Summary of Violations: <i>P - P - C -</i>		
Person in Charge <i>Harpreet Singh</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i>None</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <i>Balwinder Kaur</i>	3/23		

- 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):

KARAM SIR SINGH

Received by (signature):

Received by (signature):
Karamjit Singh

Inspected by (name and title printed):

Inspected by (name and title printed). John C. Lum
Inspected by (signature).

Inspected by (signature)

cc:

CC

cc.