



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>St. Martin Community Center</i>	Telephone Number 760 Establishment <i>(651) 9324</i>	Date of Inspection (mm/dd/yr) 7-22-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) <i>901 S. Branson St.</i>			
Owner <i>Board Member</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up <i>No</i>	Release Date —
Owner's Address <i>8pmes</i>	Summary of Violations: <i>P - pf - C -</i>		
Person in Charge <i>Joe</i>	Menu Type (See back of page)		
Responsible Person's E-mail <hr/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <i>Joseph Wolda</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):

Received by (name and title printed):
Joseph Walda Executive Director

Inspected by (name and title printed):

Inspected by (name and title printed):
Dean Ried
Inspected by (signature):
Dean Ried FCTO

Received by (signature):

ed by (signature):
R. W. Zelota

Digitized by srujanika@gmail.com

Inspected by (signature): Wren All PCTO

cc:

CC:

CC: