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 ST Martin de Porres Inc	**Telephone Number** 765 Establishment ( ) Owner 681-9324	**Date of Inspection** (*mm/dd/yr*) 2-7-24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 901 S. Branson St.			
Owner Board of Directors	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** NO	**Release Date** 10 day
Owner's Address Same		**Summary of Violations:** C — NC — R —	
Person in Charge Joseph			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1 2 3 X 4 5	
Certified Food Handler Joseph Walda exp 9-2026			

- 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			No violations	

Received by (*name and title printed*): Joseph Walda	Inspected by (*name and title printed*): [signature]
Received by (*signature*): [signature]	Inspected by (*signature*): [signature]
cc:	cc:
	cc: