



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 <u>Sweetfern Food Mart</u>	Telephone Number (765) 384-9200	Date of Inspection (mm/dd/yr) 1-31-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) <u>572 N Main St</u>			
Owner <u>Swinden Singh</u>	Purpose: 1. Routing 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner's Address <u>Nobelsville Inn</u>	Summary of Violations: <u>C</u> <u>NC</u> <u>1</u> <u>R</u> <u>—</u>		
Person in Charge <u>SARR</u>	Menu Type (See back of page) <u>1</u> <u>2</u> <u>X</u> <u>3</u> <u>4</u> <u>5</u>		
Responsible Person's E-mail <u>_____</u>			
Certified Food Handler <u>VA</u>			

- 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
344	C		Hand sink in pizza area has dishes sitting in it. Only for washing hands!	TODAY
399	NC		Flooring in walk in cooler must be smooth - easy to cleanable Floor is chipped & cracked	30 days
191	C		Gerbers Baby Apple sauce on shelf use by Nov 6 2024	Remove

Received by (name and title printed):

SARB

Inspected by (name and title printed)

Dear Sir

Received by (signature)

Inspected by (signature):

inspected by (signature): 

CC

CC7

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