



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**

7-264 ~~Am-241~~

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>Way To Go, INC</i>	Telephone Number (317) Establishment Owner <i>Paramit Hundal</i>	Date of Inspection (mm/dd/yr) <i>5/22/15</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2620 Lincoln Blvd. Marion</i>			
Owner <i>Paramit Hundal</i>	Purpose: <ul style="list-style-type: none">1. Routine2. Follow-up3. Complaint4. Pre-Operational5. Temporary6. HACCP7. Other (list) <hr/>	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner's Address <i>Same</i>	Summary of Violations: <i>P PF C</i>		
Person in Charge <i>Kristi</i>	Menu Type (See back of page) <i>1 2 X 3 4 5</i>		
Responsible Person's E-mail <hr/>			
Certified Food Handler <i>N/A</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):

Inspected by (name and title printed)

Received by (signature)

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CC:

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