

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 GRANT COUNTY HEALTH DEPARTMENT 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 pararity portion of this report.

The time lin	mit for cor	rectio	on of each violation is specified in the narrative portion of th	is report.	\mathcal{H}		
Establishm		4		Telephone Number	Date of In (mm/dd/yr		ID#
13.1	hos	lde	O FOOD MART	765 651-0820	o (mmuawyi	,	
Establishm	ent Addres	s (nu	mber and street, city, state, ZIP code)	()Onner	2-	11-14	27
1194	NH:	145	HINGTON St MARION				
Owner				Purpose:	Follow-up Release Date		
SUKHJINDER KAUR BATH				1. Routine	NO 2-21-14		
Owner & A	uui ess			2. Follow-up	Summary of Violations:		
entranto con Vivilla populario de la constanta	SAM	Ε		3. Complaint	, , ,		
Person in C			SER TOUR PATIE	4. Pre-Operational	$C \setminus NC \setminus R \setminus R$		
			DER KAUR BATH	5. Temporary	Many Type (See heat of page)		
Responsible	e Person's		. •	6. НАССР	Menu Type (See back of page)		
Certified F	ood Hondl	and the second second ASS	1/A	7. Other (list)	1_X _{23_45_}		
S'W		<i>t</i>	DER KAUR BAN 12-28-12		1 1 2 3 4 5		
• 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		
173	C		Appear 4 containers w	ITU 6 RAW SHE	=11 TODAY		
			Eggs IN EACH CONTAINER STORED OVER				
			ENERGY DRINKS AND JOICE IN SELF				
		 	ENERGY PRINCES AND JO	ice in de it			
20-			Sperice cooler.				-0.4.7
29 (NC	/	THE PEPSI NOTELES A	RE SOILED H	1174	(0	DAY
			A DARK RESIDUE.	W-MAN-WITTER			
	1						
		-		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
				532 S/AHPC 111 - 112 - 1			
	- * THIS facility is using 3-TUB SYSTEM FOR						
-1304	WASH, RINSE, SANITIZE EQUIPMENT (REMOPE)						
	THIS FACILITY A 3-BAY SINK WILL NEED TO BE						
		West 1/2) has Son and The services					
arva.		INSTALLED) X OR SOLD OR EQUIPMENT SOILED					
		<u> </u>	CONTINUOUS LY THAT WOULD REQUIRE 3-BAY FOR WASH, RINSE,				
		Santize					
			_				
Received by (name and title printed): Inspected by (name and title printed):							
* SUKHJINDER KAUR BATH RULE GIV-FSIO/E45							
Received by (signature): Inspected by (signature):							
* SUKMJINDER KAUR BATH Rule Carr-FSID/E45 Received by (signature) * SUMMINDER KAUR BATH Inspected by (signature): * SUMMINDER KAUR BATH Inspected by (signature): * SUMMINDER KAUR BATH OFFICE OF THE SECOND							
cc.	wick!	n	cc:		cc:		