



# 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 45953

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 <b>K-MART STORE # 9695</b>	Telephone Number <b>765 674 6988</b>	Date of Inspection (mm/dd/yr) <b>4-23-14</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1015 E MAIN ST. GAS CITY</b>	( ) Owner		
Owner <b>9695 BIG KMART</b>	Purpose: <b>1. Routine</b>	Follow-up <b>NO</b>	Release Date <b>5-3-14</b>
Owner's Address <b>1015 E MAIN ST. GAS CITY</b>	2. Follow-up	Summary of Violations:  C ___ NC ___ R ___	
Person in Charge <b>DENNY RAINET</b>	3. Complaint		
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <b>NOT REQUIRED PER MENU</b>	5. Temporary	1 <b>X</b> 2 ___ 3 ___ 4 ___ 5 ___	
	6. HACCP		
	7. Other (list)		

• 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
			<b>NO VIOLATIONS AT THIS INSPECTION</b>	
			<b>* NOTE *</b>	
			<b>FACILITY HAD ROOF LEAK AND HAVE PLACED PLASTIC COVER OVER ALL FOOD PRODUCTS IN STORE INCLUDING STORAGE, ROOF HAS BEEN REPAIRED WAITING ON WEATHER TO CONFIRM ROOF IS FIXED *</b>	

Received by (name and title printed):

**x Denny Rainet**

Received by (signature):

**x D. Rainet**

cc:

Inspected by (name and title printed):

**Blake Bellin - FSD/CHS**

Inspected by (signature):

**Blake Bellin - FSD/CHS**

cc: