

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 lin	nit for cori	ectio	n of each violation is specified in the narrative portion of this					
Establishme		4		Telephone Number	Date of Inspe- (mm/dd/yr)	ction	ID#	
JUNI	500	m	INI MART	769 Establishment 40	7	1-	27	
			mber and street, city, state, ZIP code)	() Owner	5-23	-1 /	21	
240	3 W		ZMP 5t. MARION		70.11	Lnı		
Owner		1.	Sind	Purpose:	Follow-up		se Date -3-(7	
TUR	PECE		Singh	(. Routine				
Owner's Ac				2. Follow-up	Summary of Violations:			
Person in C	ME			3. Complaint	$C_{2} NC_{5} R$			
CINC		115	AVER.	4. Pre-Operational	C <u>&</u>	NC_	✓ R	
Responsible	THE R. P. LEWIS CO., LANSING, SALES	_		5. Temporary	Menu Type (See back of page)			
	,		NA	6. HACCP				
Certified Fo	ood Handle	er		7. Other (list)	1 2 3 × 4 5			
SAIN	מעטונ	7	KAUR 9-14-16					
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"	Y	7	-	
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		ID IN THE NAI	RATIVE	E BELOW AS "R"	
Section#	C/NC	R	Narrative				orrected By	
		IX					SOAY	
138	NC	-	EmployEE cooking with				30/(7	
9 -			Effective HAIR RESTRAN				× 1 1 2	
310	NC		THE HOUD SYSTEM HAS	GREASE 1411	NT	10	DAY	
			DEBRI & HAS SUP					
438	C		A CLEAR BOHLE WITH A LIQUID IN BOHLE TODAY					
			ON top of MONSTER RE-FRIGBRATOR 15 NOT					
			LABITUED AS TO CONTENT					
439	1		ON SHELF NEXT TO SEATS, SOS, LYSO YURAY					
13/								
200			WALL Behind deep fryor soulo with TODAY					
795	NC		WALL BELLING deep try BR	R SOILED WITH TODA!				
			GREASE AND DEBRIS.	CORRECTED			2012	
256	NC		NO THEREMOMETERS IN ICE CREAM COOLER, TODAY					
			COKE COOLER WIM FOOD	IN COOLER, R	EACH			
			IN SAMPWICH COULER				=	
430	NC		+1-02 CEIling tilE IN Ki	tcHEN +/- 10	sRZ	7	TODA 7	
10-			IN STORE MAS STAINES FR					
			NEED FIXED / REPLACED	OTT COVETOR	71015		8	
			NEED TREPACED					
		-						
D : ::	Ļ	1		Incorporated by (winted):			
Received by (name and title printed): Inspected by (name and title printed):								
* Make note the Navegues - Folly the Tills " 40								
Received by (signature):								
makerden for Malle Kallen 1889 Mille hille								
cc:			cc:	•	cc:			
1					1			

Operator	Inspectio	n Res	ponse
State For			

GRANT COUNTY HEALTH DEPARTMENT

		GRANI GUU	MIT NEAL			光 基 元 日 五 元 日 公 公 日 日 日 日	
Phone 765-65 Fax 765-65	51-2401 51-2419				DATE:	5-30-17	
Grant Cour 101 S. Ada Marion, IN.	ıms St.	Department					
The following is Carr / Traci Little	s a response to grant	the inspection repo Co. Health Departm	rt executed by the nent on52	e Grant Co. Health 上 <u>ろーに</u> て	n Department I	Food Safety Office	r <u>Dale</u>
DATE:	Act	ion Taken:					
Gurped	t Singh	is not t	he ower	2 - Ou	oner :	Anil Sa	<u>ini</u>
5/30 5/30 5/30	138 310 438 439 295 256	Hood Sy Bottle La Shelves wall ba	stem c beled Lui were F	leaned Nater) Leaeran Leaned	४ कतु	s will	
	<u>430</u>	AL Cei	ling tiles	Replace	red		
j		IIS FORM TO THE GR					
		unoco M					
Address: <u>a</u>	03 w	$\frac{2^{nd}}{nd}$	Me	ueion ,	<u>On</u> (16952	
• Attach	n additional she	eets as needed.					