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: Marden Dairy Products	**Telephone Number** ( ) Establishment 765 ( ) Owner 664-6455	**Date of Inspection** (*mm/dd/yr*): 4/15/25	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 2550 W. 10th St. Marion			
Owner: Stephen Marden	**Purpose:** 1. Routine (2. Follow-up) 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: same		**Summary of Violations:** C___ NC___ R___	
Person in Charge: Stephen			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 2 3 4 5	
Certified Food Handler: N/A			

- 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
			No violations	

Received by (*name and title printed*): Stephen Marden

Received by (*signature*):

Inspected by (*name and title printed*): Angela K McCallum

Inspected by (*signature*): AKM/CHD 7310

cc: | cc: | cc: