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~~ 7-26, 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: Marion Mart-Sunoco	**Telephone Number** ( ) Establishment: 765	**Date of Inspection** (*mm/dd/yr*): 8/19/25	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 3801 S. Western Ave. Marion	( ) Owner: 674 1360		
Owner: Himanshu Kumar Patel	**Purpose:** 1. Routine	**Follow-up**: NO	**Release Date**
Owner's Address: same	2. Follow-up	**Summary of Violations:**	
Person in Charge: Sandy	3. Complaint	P___ PC___ R___	
Responsible Person's E-mail: —	4. Pre-Operational	**Menu Type** *(See back of page)*	
Certified Food Handler: N/A	5. Temporary	1 X 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
			No Violations	

Received by (*name and title printed*): S. S

Received by (*signature*): SANDY SINGH

Inspected by (*name and title printed*): Angela Z. Mallum

Inspected by (*signature*): ZSIO

cc: | cc: | cc: