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: Johnson's AMOCO #2	**Telephone Number** (765) Establishment ( ) Owner 998-2608	**Date of Inspection** (*mm/dd/yr*): 2-13-23	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 802 Massachusetts Ave Matthews	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**: NO	**Release Date**: 10de15
Owner: Johnson Oil Co		**Summary of Violations:** C___ NC___ R___	
Owner's Address: Po Box 336			
Person in Charge: Zelia		**Menu Type** (*See back of page*): 1___ 2___ 3 X 4___ 5___	
Responsible Person's E-mail			
Certified Food Handler: AuDrey Flair Exp 12-2027			

- 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*): Zelia Gipson	Inspected by (*name and title printed*): Scott Kilgendall
Received by (*signature*): Zelia Gipson	Inspected by (*signature*): Scott Kilgendall EHS
cc:	cc:
	cc: