



# 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 <i>Meijer Gas Station #153</i>	Telephone Number <i>Not Establishment</i>	Date of Inspection (mm/dd/yr) <i>1-27-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3810 S. Webster Ave</i>	<i>677-6000</i>		
Owner <i>Meijer Stores Limited Partnership</i>	Purpose: <input checked="" type="radio"/> Routine	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address	2. Follow-up	Summary of Violations:  <i>C — NC — R —</i>	
Person in Charge <i>Jon P</i>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	Menu Type (See back of page)  <i>1 / 2 3 4 5</i>	
Certified Food Handler <i>Evelyn Bremer exp Oct 2024</i>	5. Temporary		
	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
			<i>No violations this inspection -</i>	

Received by (name and title printed): <i>Jonathan Prouse</i>	Inspected by (name and title printed): <i>Scott Kibler / Dan Smith</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: