



**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>Outlaws Gas Station</i>	Telephone Number <i>965</i> Establishment <i>674-5870</i> Owner	Date of Inspection (mm/dd/yr) <i>2-27-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6271 E 500 S Gas City</i>		Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Mike Leffer</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Summary of Violations: <i>C</i> <u>1</u> <i>NC</i> <u>—</u> <i>R</i> <u>—</u>	
Owner's Address <i>Same</i>		Menu Type (See back of page)	
Person in Charge <i>Penny</i>		1 <u>—</u> 2 <u>X</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u>	
Responsible Person's E-mail			
Certified Food Handler <i>N/A</i>			

- 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>191</i>	<i>C</i>		<i>3 containers of CHIX with DISCARD DATE 2-25-23 IN cooler IN PIZZA AREA</i>	<i>Today</i>

Received by (name and title printed): <i>Penny Fritsch</i>	Inspected by (name and title printed): <i>Satt K. Kandel / Dew Smith</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: