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 Route 22 Petroleum Inc	**Telephone Number** (765) Establishment (573-4976) Owner	**Date of Inspection** *(mm/dd/yr)* 1-26-23	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 975 E 500 S Marion			
Owner Kanamjeet S Mann	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** No	**Release Date** Today's
Owner's Address 5243 Grapevine Dr		**Summary of Violations:** C ___ NC ___ R ___	
Person in Charge Deanna			
Responsible Person's E-mail —		**Menu Type** *(See back of page)* 1 X 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*): Deanna O'Daire	Inspected by (*name and title printed*): Scott Kendall
Received by (*signature*): Deanna O'Daire	Inspected by (*signature*): Scott Kendall FS10
cc:	cc:
	cc: