



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**  
State Form 48669 (R2/2-05)  
SDH Form 51-0001

BLACKFORD CO HEALTH DEPT  
506 E. VAN CLEVE  
HARTFORD CITY, IN 47348  
(765) 348-4317

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 <b>CLARK QUICK STOP</b>	Telephone Number <b>765 728 2922</b>	Date of Inspection (mm/dd/yr) <b>6/30/23</b>	ID # <b>5</b>	
Establishment Address (number and street, city, state, ZIP code) <b>620 W HUNTINGTON RD MONTPELIER</b>	Owner <b>KUUSHI KUMAS PATEL</b>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>7/10/23</b>
Owner's Address <b>680 W HENDERSON MONTPELIER</b>	Person in Charge <b>KUUSHI KUMAS PATEL</b>	Summary of Violations: <b>C ___ NC ___ R ___</b>	Menu Type (See back of page) <b>1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___</b>	
Responsible Person's E-mail <b>N/A</b>	Certified Food Handler <b>KUUSHI KUMAS PATEL EXP 1-23-28</b>	• 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
			<b>No Violations AT THIS INSPECTION</b>	

Received by (name and title printed): <b>K. Patel</b>	Inspected by (name and title printed): <b>Patel - EHS</b>	
Received by (signature): <b>Kushik Kumas Patel</b>	Inspected by (signature): <b>Patel - EHS</b>	
cc:	cc:	cc: