



**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>Cardinal Oil INC-Country Mart</i>	Telephone Number () Establishment () Owner <i>(765) 998-8062</i>	Date of Inspection (mm/dd/yr) <i>7/10/25</i>	ID # <i>27</i>			
Establishment Address (number and street, city, state, ZIP code) <i>280 N. Main St., Upland</i>						
Owner <i>Burpreet Singh</i>	Purpose: <ul style="list-style-type: none">1. Routine2. Follow-up3. Complaint4. Pre-Operational5. Temporary6. HACCP7. Other (list) <i>P - R - U</i>	Follow-up <i>NO</i>	Release Date <i>10 Days</i>			
Owner's Address <i>Sonse</i>	Summary of Violations:					
Person in Charge						
Responsible Person's E-mail <i>[Redacted]</i>						
Certified Food Handler <i>Ramvir Singh</i>	Menu Type (See back of page) <i>Y</i>	1 <i>1</i>	2 <i>2</i>	3 <i>3</i>	4 <i>4</i>	5 <i>5</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
412(a)C			<p>Physical facilities in need of repair</p> <p>1. 4-5 cyclen tiles</p> <p>2. Outside North East corner of building To prevent pests from entering into building</p>	CSAP
			<p>P- Priority = critical</p> <p>PF - Priority + foundation = CSAP</p> <p>C-Call = min cont. call</p>	2/1

Received by (name and title printed):

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Sukhiinder Dhillon

Inspected by (name and title printed):

Position 11 (right)

ed by (signature):

Inspected by (signature):

cc.

CCS

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