



**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.</i>	Telephone Number (      ) 765	Date of Inspection (mm/dd/yr) 2-18-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) <i>280 N. Main St., Marion, IN</i>	Owner <i>Surpreet Singh</i>		
Owner <i>Surpreet Singh</i>	Purpose: 1. Routine	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	2. Follow-up		
Person in Charge <i>Rinku</i>	3. Complaint		
Responsible Person's E-mail <i></i>	4. Pre-Operational		
Certified Food Handler <i>Banvir Singh</i>	5. Temporary		
	6. HACCP		
	7. Other (list) <i></i>		
Menu Type (See back of page) <i>C 2 NC 7 R</i>			
1 2 3 4 5			

• 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
399	NC		Soffit outside NW corner of building missing - needs to be replaced	ASAP
231	NC		Can opener base has dark debris on it - needs cleaned	Today
430	NC		Tiles on floor, at front door need pick up ASAP	
191	C		Date marking - No dating on turkey   10 days Special deli sandwiches To include 3 Kraft Mays date 1/4/25 Removal	
257	NC		NO Thermometers	Today
303	C		NO Sanitization water made up	
270	NC		Soiled clothes/ aprons laying on boxes and floor	
308	NC		NO stickers on HVAC heat system	
295	NC		The following non food contact items covered with dry food debris 1. prep cold shelves and gut, floor 2. front floor under prep 3. floor area - side	

Received by (name and title printed):

*Rinku*

Inspected by (name and title printed):

*Angela R. Mappum*

Received by (signature):

*Rinku*

Inspected by (signature):

*Angela R. Mappum  
CHI/Health PSIO*

cc:

cc:

cc: