



**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>Casalingo Oil Inc</i>	Telephone Number (Establishment) <i>765 8042</i>	Date of Inspection (mm/dd/yr) <i>9/30/24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>280 N Main St., Upland</i>	Owner <i>Gurpreet Singh</i>	Follow-up <i>Yes</i>	Release Date <i>10/10/24</i>
Owner's Address <i>11797 Barthway Ln., Fishers</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 2, NC 3, R 4</i>	
Person in Charge <i>Jasmin</i>		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>Gurpreet Singh</i>	<i>Issued 7/15/22</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
431	NC	X	Flour bag in front of 3 bay sink (chipped wood could cause trip hazard) Need to be smooth easy cleanable -	* Has correction in place - 30 days
291	NC	X	No test strips provided for sanitizer	today
303	C		No sanitizer made up	}
297	NC	X	Pop Dispenser machine could have debris	
295	C	X	Ice Machine has black debris inside	
Received by (name and title printed): <i>Jasmin Singh</i>			Inspected by (name and title printed): <i>Amelia McEldum</i>	
Received by (signature): <i>Jasmin Singh</i>			Inspected by (signature): <i>Amelia McEldum</i>	
cc:			cc:	