



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

7-26

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>Das City Oil</i>	Telephone Number <i>317 446-6282</i>	Date of Inspection (mm/dd/yr) <i>7/1/23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>932 E. Main St., Das City</i>	Owner <i>Sawinder Singh</i>		
Owner's Address <i>Same</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>_____</i>	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Person in Charge <i>_____</i>	Responsible Person's E-mail <i>_____</i>		
Certified Food Handler <i>N/A</i>	Menu Type (See back of page) <i>Q NC M</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/N/C	R	Narrative	To Be Corrected By
306(a) PF			<i>pizza prep cooler collection inside</i>	<i>Today</i>
22(b) PF			<i>ice packed without label - Must have label or stamp with store name store address, store phone no.</i>	
447(a) C			<i>mops need to be hung up to dry</i>	<i>✓</i>
			<i>P - Priority / critical</i>	
			<i>PF - Priority - foundation / asap</i>	
			<i>C - Core / non critical</i>	

Received by (name and title printed):

S.S.

Inspected by (name and title printed):

Anastashia McCollum

Received by (signature):

Singh

Inspected by (signature):

Anastashia McCollum 7-26

cc:

cc:

cc: