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: Gas City Oil	**Telephone Number**: ( ) Establishment ( ) Owner 765 513-5532	**Date of Inspection** (*mm/dd/yr*): 2-8-24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 932 E Main St			
Owner: Sawrinder Singh	**Purpose**: 1. Routine	**Follow-up**: Yes	**Release Date**: 10days
Owner's Address: Same	2. Follow-up	**Summary of Violations**: C__ NC 3 R__	
Person in Charge: Jodi Owens	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*): 1 X 2 3 4 5	
Certified Food Handler	5. Temporary		
	6. HACCP		
	7. Other (*list*) _____		

- 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
346	NC		NO hand soap at sink area in Kitchen	Today
347	NC		NO hand towels at hand sink	5
256	NC		NO thermometers in coolers	

Received by (*name and title printed*): Jodi Owens

Received by (*signature*): Jodi Owens

Inspected by (*name and title printed*): April Logare

Inspected by (*signature*): April Logare

cc: | cc: | cc: