



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 Johnson Amoco #2		Telephone Number (780) Establishment Owner Matthew O'Gorman	Date of Inspection (mm/dd/yr) 2-5-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 825 Massachusetts, Matthew O'Gorman 018-268		Owner	Follow-up 100 Days	Release Date
Owner		Purpose: 1. Routine	Summary of Violations:	
Johnson Oil Company		2. Follow-up	<input checked="" type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> R	
Owner's Address Same		3. Complaint		
Person in Charge Audrey		4. Pre-Operational		
Responsible Person's E-mail Audrey.Fluhr		5. Temporary		
Certified Food Handler Audrey Fluhr 12/6/22		6. HACCP		
		7. Other (list)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
<ul style="list-style-type: none"> • 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
			<i>No Violations</i>	
Received by (name and title printed): Audrey Fluhr			Inspected by (name and title printed): Audrey Fluhr	
Received by (signature): Audrey Fluhr			Inspected by (signature): Audrey Fluhr 2810	
cc:	cc:	cc:	cc:	cc: