



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.

Form with fields for Establishment Name (Jupiter Petro), Telephone Number (765 Establishment, 573-4976 Owner), Date of Inspection (2-22-22), ID # (27), Establishment Address (5035 Kaybee Dr Gas City), Owner (Karanjeet S Mann), Owner's Address (5243 Grapevine Dr), Person in Charge (Kristina), Responsible Person's E-mail, Certified Food Handler (N/A), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Summary of Violations (C - NC - R), Menu Type (1 X 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text 'NO VIOLATIONS'.

Received by (name and title printed): KRISTINNA HUFFMAN
Received by (signature): Kristinna Huffman
Inspected by (name and title printed): Scott Kendall
Inspected by (signature): Scott Kendall F510
cc: