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: Marion Petroleum Inc	**Telephone Number**: ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 4-5-24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 2210 N Huntington Rd			
Owner: Rawinder Singh	**Purpose**: 1. Routine; 2. Follow-up 3-2024; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: —		**Summary of Violations**: C — NC 1 R 1	
Person in Charge			
Responsible Person's E-mail: —		**Menu Type** (*See back of page*): 1 2 3 4 5	
Certified Food Handler: Corinn Thornton exp 2027			

- 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
433	NC	V	Mop stky in mop bucket - Needs to hang	

Received by (*name and title printed*): Amit	Inspected by (*name and title printed*): Devon Rupp
Received by (*signature*):	Inspected by (*signature*): FSTC

cc:	cc:	cc: