



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.

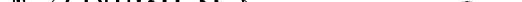
Establishment Name <i>Meijer Gas Station #153</i>	Telephone Number () <i>765</i> () <i>6776800</i>	Date of Inspection (mm/dd/yr) <i>2-11-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3810 S. Western Ave. Marion</i>			
Owner <i>Meijer Gas Limited Partnership</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>None</i>	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner's Address <i>Same</i>	Summary of Violations: <input checked="" type="checkbox"/> NC <input type="checkbox"/> R		
Person in Charge <i>Macella & Tom</i>	Menu Type (See back of page) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Responsible Person's E-mail <i>—</i>			
Certified Food Handler <i>Sara Schröder</i>	10/21/20		

- 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"

Received by (name and title printed):

me and title printed):
Tom Bales

Inspected by (initials and date printed):

Inspected by (name and title printed): 

Received by (signature):

Inspected by Minuteman

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