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

7-26

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	Telephone Number	Date of Inspection (mm/dd/yr)	ID #
Meijer Gas Station #153	( ) Establishment	7/30/25	27
Establishment Address (number and street, city, state, ZIP code)	( ) Owner		
3810 So. Western Ave. Marion 677-6800			
Owner	**Purpose:**	**Follow-up**	**Release Date**
Meijer Stores Limited Partnership	1. Routine	NO	10 Days
Owner's Address	2. Follow-up	**Summary of Violations:**	
Same	3. Complaint		
Person in Charge	4. Pre-Operational	C___ NC___ R___	
Marcie	5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** (See back of page)	
	7. Other (list)	1 X 2___ 3___ 4___ 5___	
Certified Food Handler			
Sara Schroder 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			No Violations	

Received by (name and title printed):	Inspected by (name and title printed):
Marcella Fritch	McCollum
Received by (signature):	Inspected by (signature):
cc:	cc:	cc: