



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 <u>Royal 22 Petro Iwn</u>	Telephone Number <u>748</u> Establishment	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <u>975 E 5th St</u>	(,) Owner	<u>1-27-25</u>	<u>27</u>
Owner <u>Sharnjot Rihain Jr</u>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) <hr/>	Follow-up	Release Date <u>No 10 days</u>
Owner's Address	Summary of Violations: <u>C</u> <u>NC</u> <u>3</u> <u>R</u> <u>2</u>		
Person in Charge	Menu Type (See back of page)		
Responsible Person's E-mail <u>_____</u>	1 <u>P</u> 2 <u>2</u> 3 <u>3</u> 4 <u>4</u> 5 <u>5</u>		
Certified Food Handler <u>_____</u>			

- 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):

(title printed):

Uninspected by (name and title printed):

inspected by (name and title pre-
Mr. Smith

Received by (signature):

(signature)

Inspected by (signature):

Inspected by (signature):  cc:

66

CC

CC7