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 Sunoco Quick Mart	**Telephone Number** ( ) Establishment 765 ( ) Owner 573 7030	**Date of Inspection** (*mm/dd/yr*) 8/28/24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 403 W. 3rd St			
Owner Palwinder Singh	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 Days
Owner's Address Same	2. Follow-up	**Summary of Violations:**	
Person in Charge Tony	3. Complaint	C____ NC____ R____	
Responsible Person's E-mail —	4. Pre-Operational		
	5. Temporary	**Menu Type** (*See back of page*)	
	6. HACCP		
Certified Food Handler Tony) SUKJCHAIN SINGH issued 5/9/24	7. Other (*list*) _____	1____ 2____ 3 X 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"**

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

Received by (*name and title printed*): Tony	Inspected by (*name and title printed*): Angela Mc Allum
Received by (*signature*):	Inspected by (*signature*): 5/10
cc:	cc: / cc: