

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.

	70Va//		n or each violation is openiced in the narrative position					
Establishm	ent Name		Examp S		Telephone Number	Date of Inspection ID # (mm/dd/yr)		ID#
GAS City Express					100	- ·		10 1-
Establishm 02	ent Addre		mber and street, city, state, ZIP code)		670 mer 0 325	718	24	27
Owner 1 0 1					Purpose:	Follow-up Release Date		
Ja	405/	1	Prote 1	1. Routine	No Wany C			
Owner's Ac		1		2. Follow-up	Summary of Violations:			
	1		Greenward		Summary of Violations:			
Person in C	Charge	/		3. Complaint	$\begin{bmatrix} C & NC \end{bmatrix}$ R			
I \	MER	ι_{γ}			4. Pre-Operational	·	NC_/	K_/
Responsible	THE RESIDENCE OF THE PARTY OF T	E-ma			5. Temporary	Menu Type (See back of page)		
_	1				6. НАССР	I see that type (see that by page)		
Certified Fo	ood Handl	or			7. Other (list)	$\begin{vmatrix} 1 & 2 & \sqrt{13} & 4 & 5 \end{vmatrix}$		
Certifica P		[B	-			12343		
• 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								rrected By
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