



**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 Gas City Oil	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 7-10-24	ID # 27
Establishment Address (number and street, city, state, ZIP code) 932 E Main St.		Follow-up NO	Release Date 10 days
Owner Sawinder Singh	Purpose: 1. Routine	Summary of Violations: C 2 NC 3 R 1	
Owner's Address Noblesville	2. Follow-up	Menu Type (See back of page)	
Person in Charge FRANK	3. Complaint	1 2 3 4 5	
Responsible Person's E-mail _____	4. Pre-Operational		
Certified Food Handler _____	5. Temporary		
	6. HACCP		
	7. Other (list) _____		

- 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
297	NC		Pop nozzles at fountain ARE sealed	Today
191	C		No date marking in pizza cooler ALSO on Deli Express sandwiches	[Handwritten squiggle]
344	C		Hand sink has bottle of Pine Sol sitting in it. — Hand washing only	
298 431	NC		Pop on floor inside pop cooler	
256	NC	X	No thermometers in cooler	

Received by (name and title printed):	Inspected by (name and title printed): Dawn Smith
Received by (signature): FRANK	Inspected by (signature): Dawn Smith PSTO
cc:	cc: