

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.

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Establishment Name GAS City F-69 Santury Phillips							Telephone Number	Date of Ins (mm/dd/yr)		ID#
GAS City 7-61 Contrary								1100	2 1 0	フつ
Establishment Aldress (number and street, city state, ZIP code) 5871 E SWS. GWS CHO							677 Wher 223	108	-19	4
Owner						Purpose:	Follow-up Release Date			
WARREN JUNISON							Routine	Nd		
Owner's Address							2. Follow-up	Summary of Violations:		
5824 Plum CR Blud CHEMI IN							3. Complaint	C NC R		
Person in Charge							4. Pre-Operational	\ \-	_ NC_	— ` —
Sukhwinder RANA							5. Temporary			
Responsible Person's E-mail							i -	Menu Type (See back of page)		
							6. НАССР	1		
							7. Other (list)	$11V_2$	3	4 5
Certified Food Handler							-	1 2 3 4 5		
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A THE MOADE ADDITION OF THE CHECKLIST AND NADDATIVE COLUMNS MARKED "C"										
• 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"										
										Corrected By
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