



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>Interstate 66</u>	Telephone Number <u>(765) Establishment</u>	Date of Inspection <u>(mm/dd/yr)</u> 7-13-21	ID # 27
Establishment Address <u>6271 E 500 S GAS CITY</u>	<u>674-5870</u> Owner	Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner <u>SUKHWINDER RANA</u>	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Summary of Violations: <u>C</u> <u>NC</u> <u>R</u>	
Owner's Address <u>12056 Parkview Court</u>		Menu Type (See back of page) <u>1</u> <u>X</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
Person in Charge <u>Sukhwinder</u>			
Responsible Person's E-mail <u>_____</u>			
Certified Food Handler <u>N/A</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"

Section#	C/NC	R	Narrative	To Be Corrected By
			<u>NO VIOLATIONS</u>	

Received by (name and title printed): <u>SUKHWINDER RANA</u>	Inspected by (name and title printed): <u>SCOTT KIKENJALL</u>	
Received by (signature): <u>[Signature]</u>	Inspected by (signature): <u>[Signature]</u>	
cc:	cc:	cc: