



# 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 <b>Johnson AMOCO #2</b>	Telephone Number <b>765</b> Establishment	Date of Inspection (mm/dd/yr) <b>8-30-21</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>802 Massachusetts Ave Matthews</b>	Owner <b>998-2608</b>	Follow-up <b>NO</b>	
Owner <b>Albert H Johnson</b>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Release Date <b>10 days</b>	
Owner's Address <b>PO Box 336 Gaston</b>		Summary of Violations:  <b>C ___ NC ___ R ___</b>	
Person in Charge <b>Audrey</b>		Menu Type (See back of page)  <b>1 ___ 2 ___ 3 X 4 ___ 5 ___</b>	
Responsible Person's E-mail  			
Certified Food Handler <b>Audrey Fluhr</b>			

- 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
			<b>No Violations</b>	

Received by (name and title printed): <b>Audrey Fluhr</b>	Inspected by (name and title printed): <b>Scott Kendall</b>
Received by (signature): <b>Audrey Fluhr</b>	Inspected by (signature): <b>Scott Kendall FS(0)</b>
cc:	cc: