



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: Johnsons AMOCO # 2; Telephone Number: 765 Establishment; Date of Inspection: 9-18-20; ID #: 27; Establishment Address: 802 Massachusetts Ave MARION; Owner: Albert Johnson; Follow-up: NO; Release Date: 10 days; Owner's Address: PO BOX 336 GASTON; Person in Charge: Audrey Fluhr; Summary of Violations: C NC R; Menu Type: 1 2 3/4 5; Certified Food Handler: Audrey Fluhr Exp 2-2021

- 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"

Table with 4 columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No Violations on this inspection'

Received by (name and title printed): Audrey Fluhr; Inspected by (name and title printed): Scott Kiferball; Received by (signature): Audrey Fluhr; Inspected by (signature): Scott Kiferball FSGO

cc: (empty)