



**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 <i>Sumoco #10</i>	Telephone Number <i>(765) Establishment</i> <i>(674) Owner</i> <i>977-1</i>	Date of Inspection <i>7-12-21</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>103 W Main St Gas City</i>	Owner <i>McClure Oil Corp</i>	Follow-up	Release Date/ <i>10 days</i>
Owner's Address <i>P.O. Box 1750</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Summary of Violations: <i>C _ NC _ R _</i>	
Person in Charge <i>Janisha</i>	Responsible Person's E-mail <i>+</i>	Menu Type (See back of page) <i>1 _ 2 <u>3</u> 4 5</i>	
Certified Food/Handler <i>N/A</i>			

- 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
			<i>- No violations on this inspection</i>	

Received by (name and title printed): <i>Janisha L Cole</i>	Inspected by (name and title printed): <i>DeWitt SAH</i>
Received by (signature): <i>Janisha L Cole</i>	Inspected by (signature): <i>DeWitt SAH FSE</i>
cc:	cc: