



**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**

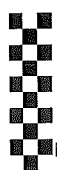
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <i>Sunoco Mini Mart</i>	Telephone Number <i>2477</i> Establishment () Owner <i>322 4831</i>	Date of Inspection (mm/dd/yr) <i>2-25-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2403 W 2nd St Marion</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>18 days</i>
Owner <i>Anil SAINI</i>	Summary of Violations: <i>C 2 NC 3 R -</i>	Menu Type (See back of page)	
Owner's Address <i>2125 Fredrick Dr</i>		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in Charge <i>Anil</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Saywinder Kaur exp 4-2021</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
138	NC		Employee in kitchen preparing food w/o hair restraint.	Today
298	NC		Inside microwave soiled - not in use	Today
295	C		Sitting on ledge of sink as "clean" air drying veggie peler is soiled w/ food	Today
199	NC		Meat in bowl thawing in sink - needs water running over it if thawing in sink	Corrected
177	NC		In walk in cooler - eggs sitting on floor to be 6" up	Today
141	C		5 lunchables in cooler dated 1-2020 3 Ham & Swiss and 2 Pizza Pepperoni	Mrg. Discarded

Received by (name and title printed) <i>Saywinder Kaur</i>	Inspected by (name and title printed): <i>Debra Small PSTO</i>
Received by (signature): <i>Saywinder Kaur</i>	Inspected by (signature): <i>Walter Huff FSD</i>
cc:	cc:



GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
 Fax 765-651-2419

DATE: 2/27/2020

Grant County Health Department
 401 S. Adams St.
 Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 2-25-20

DATE:	Action Taken:
<u>2/25/2020</u>	<u># 138 Employee in Kitchen preparing food here wear hair restant on the same day.</u>
<u>2/25/2020</u>	<u># 298 Inside microwave were Cleaned on the same day.</u>
<u>2/25/2020</u>	<u># 295 Done on the same day.</u>
<u>2/25/2020</u>	<u># 177 Put the Eggs on the Shelf on the same day.</u>

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Anil Saini Title: Manager

Establishment Name: Sunocominimat

Address: 2103 W 2nd St, Marion, IN, 46952

o Attach additional sheets as needed.