



**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>SUNOCO Mini Mart</b>	Telephone Number <b>(847) Establishment 322-4811</b>	Date of Inspection <b>5-28-21</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>2403 W 2<sup>ND</sup> ST MARION</b>	Owner <b>322-4811</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Anil Saini</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C / NC 2 R =</b>	
Owner's Address <b>2125 W Fredrick Dr</b>	2. Follow-up	Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Person in Charge <b>DAMIAN CHAUHAN</b>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <b>Sajwinder Kaur Exp 9-2021</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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/N/C	R	Narrative	To Be Corrected By
295	C		Inside Ice machine at the top behind shield there is a dark residue	Today
138	NC		Employee in kitchen is cooking without hair restraint	}
130	NC		Where to wash hands - Employees must wash hands at hand sink	
			*hair restraint must be worn when prep or cooking	

Received by (name and title printed): <b>Damian Chauhan</b>	Inspected by (name and title printed): <b>Scott Kendall Dean SMC</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: 5/29/21

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

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 5-28-21.

DATE:	Action Taken:	
<u>05/29/21</u>	<u>295</u>	<u>Done</u>
<u>05/28/21</u>	<u>138</u>	<u>Done</u>
<u>05/28/21</u>	<u>130</u>	<u>Done</u>

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

Name of Respondent: \_\_\_\_\_ Title: \_\_\_\_\_  
Establishment Name: \_\_\_\_\_  
Address: \_\_\_\_\_