



**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>(847) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>5-28-21</i>	ID # <i>27</i>
Establishment Address <i>2403 W 2<sup>ND</sup> ST MARION</i>	Owner <i>322-4811</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Anil Sami</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C / NC 2 R</i>	
Owner's Address <i>2125 W Fredrick DR</i>		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in Charge <i>Damiant Chauhan</i>			
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>Sajwinder Kaur Exp 9-2021</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
<i>295</i>	<i>C</i>		<i>Inside Ice machine at the top behind shield there is a dark residue</i>	<i>Today</i>
<i>138</i>	<i>NC</i>		<i>Employee in kitchen is cooking without hair restraint</i>	}
<i>130</i>	<i>NC</i>		<i>where to wash hands - Employees must wash hands at hand SINK</i>	
			<i>Hair Restraint must be worn when prep or cooking</i>	

Received by (name and title printed): <i>Damiant Chauhan</i>	Inspected by (name and title printed): <i>Scott Kendall Deary Smell</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: