



**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>Johnsons Amoco #2</i>	Telephone Number (<i>765</i>) Establishment (<i>998</i>) <i>2601</i>	Date of Inspection (mm/dd/yy) <i>10-24-18</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>802 Massachusetts Ave Matthews</i>	Owner <i>Albert Johnson</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>
Owner's Address <i>P.O. Box 336 Gaston IN</i>	Person in Charge <i>Audrey Fluhr</i>	Release Date <i>10 days</i>	Summary of Violations: <i>C - NC 3 R -</i>
Responsible Person's E-mail <i>N/A</i>	Certified Food Handler <i>Audrey Fluhr Exp 2-2021</i>	Menu Type (See back of page) <i>1 2 3 X 4 5</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
178	NC		Floor freezer - North side ice buildup and getting on products	10 days
243	NC		Single service cups in case directly on floor in storage room	
308	NC		Heater hanging from ceiling in storage room has heavy dust other debris. Should remain clean	

Received by (name and title printed): <i>Audrey Fluhr</i>	Inspected by (name and title printed): <i>Dawn Small FSTO</i>
Received by (signature): <i>Audrey Fluhr</i>	Inspected by (signature): <i>Dawn Small FSTO</i>
cc:	cc: