

## 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.

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Establishment Name	Telephone Number	Date of Inspection (mm/dd/yr)	ID#	
SUMOCO MINI MARL	165) Establishment	1 - 20 10	120	
Establishment Address (number and street, city, state, ZIP code)  240.3 W 2 <sup>nd</sup> S- MAN'W	(Lo Lowner	10-29-18	01	
Owner ,	Purpose:	Follow-up Relea	ise Date	
ANI SAINI	1. Routine	NO 10 days		
Owner's Address	2. Follow-up	Summary of Violations:		
2125 Freddrick Dr. Marion	3. Complaint	1000000	5/	
Person in Charge	4. Pre-Operational	CNC_	J_ R_/_	
AWI Responsible Person's E-mail	5. Temporary	Menu Type (See ba	ck of page)	
NTA	6. HACCP		16	
Certified Food Handler	7. Other (list)	123	<b>1</b> / <sub>45</sub>	
SAY WINDER RANG - Exp 4-2021				
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"	/ H		
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	UMMARY OF VIOLATIONS YAS	ND IN THE NABRATIV	E BELOW AS "R"	
Section# C/NC R Narrative			Corrected By	
295 NC The following Now food	Control Stern 5	709	by	
Soiled w Mued Find dek				
Plastic Condinent holding Syc	gun-pepper et	e.		
2) well in Kitchen behind	over's			
3) handles & doors on coolers	s ctc.			
	<u> </u>			
297 NC FOUNTAIN MACLINE MOZZES Soiled And Teday				
durit residue				
	1		4	
138 MC Emplayees preping food A	10 hair restan	falor Cor	rcele d.	
342 NC MAND SINK IN Drup Are	en must worl	12 /00	by s	
Corretly-Cold worked must work!				
			<u> </u>	
310 MC X The how s Above fayer hi	4SM THO A	1/50 /1	Mes	
dict & do heis	J. P.			
U'I J WENT TO	· · · · · · · · · · · · · · · · · · ·			
	ATTRACT			
Received by (name and title printed):  Inspected by (name and title printed):				
Anil saini	Dem SV	MIV F	SIN	
Received by (signature):	Inspected by (signature):	no c	of l	
Mez	Wer hel	W H.	10	
cc: cc:		cc:		
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	Dperator Inspection Response State Form 80047 (2-01)
	(A A4)
	■_State Form 80047 (2-U1)
	51dtd 181112 8 12 12 12 1

## **GRANT COUNTY HEALTH DEPARTMENT**



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

DATE: 11/6/18

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 10 -29 18.

DATE:	Action Taken:
04/20	Plastic condiment holding sugar - pepper ware
3. 14/01	
	Jandles doors of Coolers were Cleanedon
1.0 29	20/8 - sec 297 tountain machine nozgles three
10/29/3	Sec-138 -> Wal corrected on
10/29 Stax	12018 -> Bec-342 -> Hand Sink in Preparea + working Gorrectly on same day.
and	Sixed the Sap.
(PLEA	SE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).
Name of Resp	pondent: And Sugna Title: Lowner
Establishmen	t Name: Sumple mini mant
Address: 7	403 w and st mantoN, 1N-4452

Attach additional sheets as needed.