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-~~22~~ 26, 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: Gas City Express Inc	**Telephone Number**: (765) Establishment; ( ) Owner	**Date of Inspection** (mm/dd/yr): 7-8-25	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 6271 E 500 S			
Owner: Jayesh Patel	**Purpose**: 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (list)	**Follow-up**: NO	**Release Date**
Owner's Address		**Summary of Violations**: P - Pf - R2	
Person in Charge: Sahil			
Responsible Person's E-mail		**Menu Type** (See back of page): 1 2 3 4 5	
Certified Food Handler: Sunny Patel 10-2024			

- 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#	~~CAC~~	R	Narrative	To Be Corrected By
307	C		Cappuccino Nozzles & Fountain Nozzles / levers are soiled	Today
306	C		Inside top of Ice Machine - there is a dark residue (Needs cleaned)	

Received by (name and title printed): Sahil

Received by (signature):

Inspected by (name and title printed): Dean Snyder

Inspected by (signature):

cc: | cc: | cc: