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 Bell Bar City Petroleum INC	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 7/8/26	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 501 W Main St			
Owner Harry Singh	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** NO	**Release Date** 10 Days
Owner's Address Same		**Summary of Violations:** C___ NC___ R___	
Person in Charge			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 ✓ 2___ 3___ 4___ 5___	
Certified Food Handler N/A			

- 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
			No Violations	

Received by (*name and title printed*): Vick Singh

Received by (*signature*):

Inspected by (*name and title printed*): Angela Ruff Callum

Inspected by (*signature*): 7510

cc:	cc:	cc: