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

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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 Circle K 2214	**Telephone Number** (765) Establishment (674-7506 Owner	**Date of Inspection** *(mm/dd/yr)* 8-11-25	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 209 W 38th St			
Owner Mac's Convenience Stores	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date**
Owner's Address Columbus IN	2. Follow-up 3. Complaint	**Summary of Violations:** P — PF — C — R	
Person in Charge Donald	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1 2 X 3 4 5	
Certified Food Handler Beal Donald exp 9-2029			

- 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#	~~Code~~	R	Narrative	To Be Corrected By
			No Violations	

Received by (*name and title printed*):
Donald Beal

Inspected by (*name and title printed*):
Dean Snyder

Received by (*signature*):
Donald Beal

Inspected by (*signature*):
Dean Snyder PSC

cc: | cc: | cc: