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: Circle K	**Telephone Number**: ( ) Establishment 765 ( ) Owner 664-7479	**Date of Inspection** (mm/dd/yr): 10/29/24	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 1707 Kem Rd., Marion			
Owner: Mac's Convenience Stores LLC	**Purpose:** (1) Routine	**Follow-up**: No	**Release Date**: 10 Days
Owner's Address: Same	2. Follow-up	**Summary of Violations:**	
Person in Charge: Cory Stone	3. Complaint	C___ NC 1 R___	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (See back of page)	
Certified Food Handler: Cory Stone issued 6/2021	5. Temporary	1___ 2 X 3___ 4___ 5___	
	6. HACCP		
	7. Other (list) _____		

- 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
295	NC		The following "Non food" contact items noted - needs cleaned 1) underneath by nozzle of coffee machines 2) Condiment tray at beverage station 3) Microwave under roller Racks 4) Cookie/donut center doors and bottom shelf 5) Milk cooler racks	

Received by (*name and title printed*): Cory Stone

Received by (*signature*):

Inspected by (*name and title printed*): Angela K McCallum, CFPM #10

Inspected by (*signature*):

cc: | cc: | cc: