



**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 <i>Cascades General Store # 3735</i>	Telephone Number <i>(765) 679-0305</i>	Date of Inspection <i>7-9-21</i>	ID # <i>27</i>
Establishment Address <i>601 W Main St Gas City</i>	Owner <i>College Marketing Co.</i>	Follow-up	Release Date <i>10 days</i>
Owner's Address <i>P.O. Box 3001 JA</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Summary of Violations: <i>C</i> <u>    </u> <i>NC</i> <u>  2  </u> <i>R</i> <u>    </u>	
Person in Charge <i>Laura</i>		Menu Type (See back of page) <i>1</i> <u>    </u> <i>2</i> <u>    </u> <i>3</i> <u>    </u> <i>4</i> <u>  X  </u> <i>5</i> <u>    </u>	
Responsible Person's E-mail			
Certified Food Handler <i>Laura Mauller exp 1-2025</i>			

- 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	
<i>296</i>	<i>NC</i>		<i>Cappuccino machine soiled/cleaning</i>	<i>Today</i>	
<i>295</i>	<i>NC</i>		<i>In kitchen next to super (not in use) food debris</i>	}	

Received by (name and title printed): <i>Laura Mauller</i>	Inspected by (name and title printed): <i>Dean Small BTO</i>
Received by (signature): <i>Laura Mauller</i>	Inspected by (signature): <i>Dean Small BTO</i>
cc:	cc:

Operator Response to Inspection  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

Phone : 765-651-2401 Ext. 3123 / 3111  
Fax : 765-651-2419

DATE: 7-9-21

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 7-9-21.

DATE:	Action Taken:
<u>7/9/21</u>	<u>Section 296 NC Cappuccino machine cleaned</u>
<u>7/9/21</u>	<u>Section 295 NC Food debris cleaned</u>

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Laura Mauler Title: 7/9/21

Establishment Name: Caseys General Store

Address: 601 W Main St. Gas City, IN 46933

Attach additional sheets as needed.