



**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<br><b>CASEY'S GENERAL STORE # 2917</b>   |  | Telephone Number<br><b>765 673 0640</b> | Date of Inspection<br>(mm/dd/yr)<br><b>01-22-19</b> | ID #<br><b>27</b>             |
| Establishment Address (number and street, city, state, ZIP code)<br><b>1229 N BALDWIN AVE. MARION, IN</b> |  | ( ) Owner                               |   |                               |
| Owner<br><b>CASEY'S MARKETING CO</b>  |  | Purpose:<br><b>1. Routine</b>           | Follow-up   | Release Date<br><b>2-1-19</b> |
| Owner's Address<br><b>P.O. Box 3001 ANKENY, IA</b>  |  | 2. Follow-up                            | Summary of Violations:<br><b>C 4 NC 3 R 2</b>       |                               |
| Person in Charge<br><b>VALERIE SHOEMAKER</b>  |  | 3. Complaint                            |   |                               |
| Responsible Person's E-mail<br><b>N/A</b>   |  | 4. Pre-Operational                      | Menu Type (See back of page)                        |                               |
| Certified Food Handler<br><b>JACQUELINE HOWARD EXP 5-31-23</b>  |  | 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      | C    |   | THE following "FOOD CONTACT" SURFACES SOILED WITH OLD DRIED FOOD DEBRIS. STORED AS CLEAN<br>1) BHG SMALL MIXER<br>2) LARGE UNIVEX MIXER / PRINCE SLICER<br>3) 2 DRAWERS UNDER PREP TABLE holding Small MIXER 1-DRAWER soiled holding CLEAN DISHES<br>1-DRAWER soiled holding PLASTIC BOTTLES (clean) | TODAY              |
| 129      | C    |   | EMPLOYEES PREPARING FOOD LEFT AREA WITH GLOVES ON WENT TO FRONT DESK AREA THEN WALKIN TO GET PIZZA DOUGH THEN RETURNED TO PREPARING PIZZA WITH SAME GLOVES ON DIDNT REMOVE, WASH HANDS, PUT ON CLEAN GLOVES.   | TODAY              |
| 310      | NC   |   | THE HOOD SYSTEM ABOVE PIZZA OVEN SOILED WITH LINT AND OTHER DEBRIS   | TODAY              |
| 295      | NC   | X | THE following "Non food" CONTACT SURFACES SOILED 1) PELIZE FOOD SCALE 2) UNDER LED EDGES of PIZZA COOLER 3) SHELF ABOVE PREP TABLE holding Small MIXER TO INCLUDE PREP TABLE   | TODAY              |

|   |   |
|---|---|
| Received by (name and title printed):<br><b>Valerie Shoemaker 1st Assistant Manager</b> | Inspected by (name and title printed):<br><b>R Dale Farr - FSID</b> |
| Received by (signature):<br>  | Inspected by (signature):<br>                                       |
| cc:   | cc:   |

# NARRATIVE REPORT

| Establishment Name   |      | Address  |  | Inspection Date           |
|--|------|--|--|---------------------------|
| CASEY'S GENERAL STORE #2917  |      | 1229 N BALDWIN AVE - MARION  |  | 1-22-19                   |
| Section#   | C/NC | R  | REMARKS  | TO BE CORRECTED BY        |
| 295  | NC   |  | (CONTINUED) 4) UNDERSIDE ICE CREAM DISPENSER.<br>5) UNDERSIDE OF ICE COFFEE DISPENSER  | TODAY                     |
| 345  | C    |  | THE HANDSINK IN FRONT AREA OF KITCHEN IS BEING USED AS A DUMP SINK (BROWN RESIDUE NOT RUST)  | TODAY                     |
| 243  | NC   | X  | IN WALK IN COOLER / FREEZER FOOD SETTING DIRECTLY ON FLOOR<br>1) 1-BOX CHICKEN BREAST<br>2) 1-BOX BREADSTICKS<br>3) 1-BOX ROCKY <sup>MOUNTAIN</sup> <del>PIES</del> PIES | TODAY                     |
| 335  | C    |  | FRONT COUNTER OF KITCHEN AREA 1-BOX TOGO ITEMS<br>THE BACKFLOW PREVENTION DEVICE ON FAUCET LOCATED AT MOP SINK <del>APPEARS</del> BROKEN NEEDS FIXED / REPLACED          | TODAY                     |
| <p>* THIS FACILITY NEEDS TO POST 2019 FOOD LICENSE *</p>   |      |  |  |                           |
| Received By (Name & Title)   |      | Inspected By (Name & Title)  |  | Page <u>2</u> of <u>2</u> |
| <br>1st Assistant Manager |      | <br>R/ak (AM) - FSIU |  |                           |