



**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>Crazy's General Store 3735</i>	Telephone Number <i>(605) Establishment (677) Owner</i>	Date of Inspection <i>(mm/dd/yr) 4-16-21</i>	ID # <i>27</i>
Establishment Address <i>601 W Main St Gos City</i>	Owner <i>Crazy's Marketing Company</i>	Follow-up <i>N/E</i>	Release Date <i>10 days</i>
Owner's Address <i>P.O. Box 3007 TA</i>	Purpose: 1. Routine <input checked="" type="checkbox"/> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 2 NC 1 R</i>	
Person in Charge <i>Izzy</i>	Responsible Person's E-mail	Menu Type (See back of page) <i>1 2 3 / 4 5</i>	
Certified Food Handler <i>Laura Muller 1-21-25</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
295	NC		The following "Non food" Contact items is soiled w/ food etc 1) insulated warmer - the top to include lids 2) metal shelving below pizza warmer 3) Floor cooler up front - Inside of top by fan soiled w/ dried food Also bottom of cooler	Today
295	C		Inside drawer traps stored clean - dirty w/ grease	removed
345	C		Hand sink behind doughnut case - has coffee in it and a dark residue	Today

Received by (name and title printed): <i>Elizabeth Day</i>	Inspected by (name and title printed): <i>Dean Small RST</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature] FST</i>
cc:	cc:



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

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401  
Fax 765-651-2419

DATE: 4/21/20

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 and/or Scott Kikendall at the Grant Co. Health Department on 4-15-21.

DATE:	Action Taken:
<u>4/21/21</u>	<u>Section 295NC all removed &amp; cleaned same day as inspection</u>
	<u>Section 295C all removed &amp; recleaned day of inspection</u>
	<u>Section 345c sink cleaned same day discontinue use</u>

Name of Respondent: Laura Mauler Title: Store manager  
Establishment Name: Caseys General Store  
Address: 601 E Main St. Gas City, IN 46933

Attach additional sheets as needed.