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: Casey's General Store 3755	**Telephone Number**: 765 Establishment ( ) Owner 677-0305	**Date of Inspection** (*mm/dd/yr*): 8-31-20	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 601 W Main St Gas City			
Owner: Casey's Marketing Co.	**Purpose:** 1. Routine	**Follow-up**: N/A	**Release Date**: 10 days
Owner's Address: PO Box 3001 IA	2. Follow-up	**Summary of Violations:**	
Person in Charge: Laura	3. Complaint	C— NC— R—	
Responsible Person's E-mail: —	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Laura Mauller Exp 1-21-25	5. Temporary	1 2 3 X 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
			- Kitchen -	
			No Violations on this inspection	
			- Store -	
			No Violations on this inspection	

Received by (*name and title printed*): Julia Holloway

Received by (*signature*): Julia Holloway

Inspected by (*name and title printed*): Scott Kirkendall FSIO

Inspected by (*signature*): Scott Kirkendall

cc: cc: cc: