



**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>Circle K - 7221</b>  | Telephone Number<br><b>768</b> Establishment   | Date of Inspection<br>(mm/dd/yr)<br><b>2-14-19</b> | ID #<br><b>27</b>              |
| Establishment Address (number and street, city, state, ZIP code)<br><b>602 S. Main St Jonesboro</b> | Owner<br><b>624-1804</b>   | Follow-up  | Release Date<br><b>10 days</b> |
| Owner<br><b>Mac's Convenience Stores</b>  | Purpose:<br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) | Summary of Violations:<br><b>C 2 NC 1 R 2</b>      |                                |
| Owner's Address<br><b>P.O. Box 347 Columbus TN</b>  | Person in Charge<br><b>Teresa Skeens exp 9/2019</b>  | Menu Type (See back of page)<br><b>1 2/3 4 5</b>   |                                |
| Responsible Person's E-mail<br><b>N/A</b>   | Certified Food Handler<br><b>Teresa Skeens exp 9/2019</b>  |  |                                |

- 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 |
|----------|------|---|--|--------------------|
| 191      | C    | X | 1- luncheonable Ham & Swiss in cooler w/ use by date 2-9-19<br>Also<br>4 Oscar Meyer Chopped Ham in cooler exp date 2-12-19<br>And 2 Oscar Meyer Ham & Cheese in cooler exp date 2-10-19 | Removed today      |
| 345      | C    |   | Hand sink in storage area has debris laying in bottom of it also sink at coffee area - hand sinks are to be clean and useable at all times   | Today              |
| 295      | NC   |   | Following "Non food" contact items is soiled w/ food debris<br>X 1) Gehl's Nacho Machine<br>2) handles on Floor Cooler in center   | Today              |

|   |  |
|---|--|
| Received by (name and title printed):<br><b>Teresa Skeens Manager</b> | Inspected by (name and title printed):<br><b>Dawn Small FSTO</b> |
| Received by (signature):<br><b>Teresa Skeens</b>                      | Inspected by (signature):<br><b>Dawn Small FSTO</b>              |
| cc:   | cc:  |

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\*\*\* TX REPORT \*\*\*  
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JOB NO. 1346  
ST. TIME 02/19 09:07  
SHEETS 1  
FILE NAME

TX INCOMPLETE -----  
TRANSACTION OK -----  
ERROR 916512419

*Circle-K Jonesboro*

Operator Inspection Response  
State Form 80047 (2-01)

### GRANT COUNTY HEALTH DEPARTMENT

Phone 785-651-2401  
Fax 785-651-2419

DATE: 2/14/19

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

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr/Dean Small from the Grant Co. Health Department on 2-14-19.

DATE: Action Taken:

Out Dates - Removed

Hand Sinks Cleaned  
Coffee Sinks Cleaned

Chili & Cheese Machine Cleaned

Nov Food Handles Cleaned

*2/21/19*  
*(Signature)*