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 Circle K #2201	**Telephone Number** (765) Establishment ( ) Owner 664-7479	**Date of Inspection** (*mm/dd/yr*) 6-15-20	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1707 Kem RD Marion			
Owner Macs Convenience Stores	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** NO	**Release Date** 10 days
Owner's Address P.O. Box 347 Columbus IN		**Summary of Violations:** C— NC 2 R—	
Person in Charge Tereasa Lester			
Responsible Person's E-mail N/A		**Menu Type** (*See back of page*) 1 2 X 3 4 5	
Certified Food Handler Teresa Lester 7-18-24			

- 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
243	NC		Styrofoam Cups Directly on Floor	Today
295	NC		Gehls Nacho Machine soiled with dried sauce underneath	Today

Received by (*name and title printed*): [signature]	Inspected by (*name and title printed*): Scott Kikendall / Dean Small
Received by (*signature*): T. Lester	Inspected by (*signature*): Scott Kikendall [signature]

cc:	cc:	cc: