



**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 <u>Circle K 2201</u>		Telephone Number <u>765</u> Establishment	Date of Inspection (mm/dd/yr) <u>8-9-21</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>1707 Kem Rd Marion</u>		Owner <u>664-7479</u>	Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner <u>Mae's Convenience Stores LLC</u>	Purpose: <u>1. Routine</u>	Summary of Violations: <u>C NC L R</u>		
Owner's Address <u>P.O. Box 347 Columbus</u>	2. Follow-up			
Person in Charge <u>COREY</u>	3. Complaint			
Responsible Person's E-mail	4. Pre-Operational			
	5. Temporary	Menu Type (See back of page)		
	6. HACCP	1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Certified Food Handler <u>COREY STONE Exp 6-2020</u>	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
<u>295</u>	<u>NC</u>		<u>Plastic sleeves inside cooler with chocolate milk and other drinks is soiled with food debris to include inside of doors in cooler and outside bottom</u>	<u>Today</u>

Received by (name and title printed): <u>Corey Stone</u>	Inspected by (name and title printed): <u>Scott Kikenall / Dean Small</u>
Received by (signature): <u>[Signature]</u>	Inspected by (signature): <u>[Signature]</u>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 8-10-2021

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 8-9-21.

DATE:
8-9

Action Taken:

Pulled Plastic sleeves out washed & Rinsed & Reinstalled.
8-9 - washed & wiped Down Bottom or outside of Cooler Doors

Name of Respondent: Cory Stone Title: Store Manager

Establishment Name: Circle K

Address: 1707 W Kem Rd.

664-7479