



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 # 2203	Telephone Number 765 Establishment 668-7228	Date of Inspection (mm/dd/yr) 8-16-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 901 E BRADFORD MARION	Owner Mac's Convenience Stores LLC	Follow-up NO	Release Date 16 days
Owner's Address PO Box 347 Columbus	Purpose: 1. Routine	Summary of Violations: C <u>1</u> NC <u>—</u> R <u>—</u>	
Person in Charge Mimi	2. Follow-up	Menu Type (See back of page) 1 <u>—</u> 2 <u>X</u> 3 <u>—</u> 4 <u>—</u> 5 <u>—</u>	
Responsible Person's E-mail	3. Complaint		
Certified Food Handler N/A	4. Pre-Operational		
	5. Temporary		
	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
191	C		3 FROZEN BUTTER FINGER BERS with a sell by date OCT 2020	Pulled

Received by (name and title printed): MIMI BERNARDINI	Inspected by (name and title printed): Scott Kikendall
Received by (signature): <i>Mimi Bernardini</i>	Inspected by (signature): <i>Scott Kikendall</i>
cc:	cc: