



**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 <b>Circle K #2205</b>	Telephone Number <b>765 Establishment</b>	Date of Inspection <b>(mm/dd/yr)</b> 10-16-20	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>702 S Washington St Marion</b>	Owner <b>667-4824</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Mac's Convenience Store</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C2 NC2 R2</b>	
Owner's Address <b>PO Box 347 Columbus IN</b>	2. Follow-up	Menu Type (See back of page) <b>1 2/3 4 5</b>	
Person in Charge <b>John</b>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <b>Need w/ 30 days</b>	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	X	The Following Food Items were in cooler with dates of 1) Chicken waffle sandwich - (8) sell by 10-14 2) Spicy buffalo chicken - (7) sell by 10-15 3) Bell pepper chesburger - (1) 10-14	Today
295	NC		The Following "Noy Food" Contact Items are soiled with food debris 1) Getts Nacho Machine tray 2) Bottom of point case	Today
324	NC		The Floor cooler holding sandwiches on sales, floor is leaking water on to floor	30 days
118	C		Need someone Enrolled in a Certified Food Handler class with in 30 days 1-888-793-5136	30 days

Received by (name and title printed): <b>John Gardner</b>	Inspected by (name and title printed): <b>Scott Kendall / Dean Small</b>
Received by (signature): <i>John Gardner</i>	Inspected by (signature): <i>Scott Kendall / Dean Small</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: 10/16/20

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 / Scott Kikendall from the Grant Co. Health Department on 10-16-20.

DATE:	Section	Action Taken:
<u>10/16/20</u>	<u>191</u>	<u>Removed OUTDATED food and wrote off.</u>
<u>10/16/20</u>	<u>295</u>	<u>Items Cleaned</u>
<u>10/16/20</u>	<u>324</u>	<u>have a work order Already in Place To Repair Cooler</u>
<u>10/16/20</u>	<u>118</u>	<u>Manager over store is Certified, John Dickison is over 2214 and 2205</u>

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: John Dickison Title: Manager

Establishment Name: Circle K

Address: 702 Swashington St Marion IN 46952