



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 # 470 2212	Telephone Number Establishment: 783 Owner: 662-0384	Date of Inspection (mm/dd/yr) 10-16-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1339 W 2 ND ST MARION	Owner Macs Convenience Stores LLC	Follow-up NO	Release Date 10 days
Owner's Address PO BOX 347 Columbus IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 1 NC 1 R	
Person in Charge BRITTANY		Menu Type (See back of page) 1 X 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler Brittany McPherson			

- 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
345	C			Hand SINK on sales floor has a dark residue in/and around it	Today
310		NC		HVAC VENTS in ceiling on sales floor are soiled with debris to include stains in ceiling tiles	Today 30 days

Received by (name and title printed): Brittany McPherson	Inspected by (name and title printed): Scott Henderson II Dean Smith
Received by (signature): Brittany McPherson	Inspected by (signature): Scott Henderson II Dean Smith
cc:	cc:

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 10-19-2020

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:	Action Taken:
<u>10-16</u>	<u>Cleaned the hand sink</u>
<u>10-16</u>	<u>Cleaned the vent off</u>
<u>10-16</u>	<u>Replaced the ceiling tiles.</u>

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

Name of Respondent: Brittany McPherson Title: Manager
Establishment Name: Circle K / 2212
Address: 1339 West 2nd Street

Attach additional sheets as needed.