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 #2218	**Telephone Number** (765) Establishment 934-3234 Owner	**Date of Inspection** (*mm/dd/yr*) 7-24-20	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 101 N First St Van Buren			
Owner Mrs's Convenience Stores	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address P.O. Box 347	2. Follow-up	**Summary of Violations:**	
Person in Charge Marla	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail N/A	4. Pre-Operational	**Menu Type** *(See back of page)*	
Certified Food Handler Marla	5. Temporary	1___ 2___ 3 X 4___ 5___	
	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
			NO Violations on this inspection	

Received by (*name and title printed*): Marla Moore manager	Inspected by (*name and title printed*): Scott Kikendall / Dean Small, RSA
Received by (*signature*): Marla Moore	Inspected by (*signature*): Scott Kikendall FSO / Dean Small RSA

cc:	cc:	cc: