



**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 <i>Circle K 2218</i>	Telephone Number <i>985 Establishment</i>	Date of Inspection (mm/dd/yr) <i>10-26-21</i>	ID # <i>277</i>
Establishment Address (number and street, city, state, ZIP code) <i>101 N 1st St Van Buren</i>	Owner <i>(939-3234)</i>	Follow-up <i>NA</i>	Release Date <i>10 days</i>
Owner <i>Moes Convenience Stores</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 1 NC 1 R 3</i>	
Owner's Address <i>P.O. Box 347</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Linn</i>	3. Complaint	1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>1</i>	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
<i>344</i>	<i>C</i>	<i>X</i>	<i>Handson K blocked w/ items in it locate L at top of stairs.</i>	<i>Today</i>
<i>295</i>	<i>NC</i>		<i>The following Non food contact items is soaked</i>	
	<i>X</i>	<i>1)</i>	<i>Both Cappuccino machines inside to include the nozzles</i>	
	<i>X</i>	<i>2)</i>	<i>Tray on Gehl's Nacho Machine soaked w/ dried cheese etc.</i>	

Received by (name and title printed): <i>LANITA MCGINNIS</i>	Inspected by (name and title printed): <i>Deen Smith / Scott Kerkdahl</i>
Received by (signature): <i>Lanita McGinnis</i>	Inspected by (signature): <i>Deen Smith / Scott Kerkdahl</i>
cc:	cc: