



**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 # 4702202		Telephone Number (765) 674-8752	Date of Inspection (mm/dd/yr) 01/22/2020	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3005 MAIN ST. GAS CITY		() Owner		
Owner MACS CONVENIENCE STORES	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 02/10/2020	
Owner's Address P.O. BOX 347 Columbus IN		Summary of Violations: C ___ NC ___ R ___		
Person in Charge Régina Eccles		Menu Type (See back of page) 1 ___ 2 <u>X</u> 3 ___ 4 ___ 5 ___		
Responsible Person's E-mail N/A				
Certified Food Handler N/A PER MENU				

- 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 AT THIS INSPECTION	

Received by (name and title printed): Régina Eccles	Inspected by (name and title printed): Halley - FSD
Received by (signature): Régina Eccles	Inspected by (signature): Halley FSD
cc:	cc: