



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.

Form with fields: Establishment Name (Circle K 4702202), Telephone Number (765-874-8752), Date of Inspection (4-15-21), ID # (27), Establishment Address (300 E MAIN St Gas City), Owner (Mmes Conyance Stores LLC), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Owner's Address (P.O. Box 347), Person in Charge (Garlean H), Responsible Person's E-mail, Certified Food Handler.

- 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"

Table with columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No violations at this inspection'.

Signature fields: Received by (name and title printed): Garlean Lomiva; Inspected by (name and title printed): Dawna Smith FSD; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: [Blank]