



**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>(768) Establishment 934 2734</i>	Date of Inspection <i>(mm/dd/yr) 3-5-19</i>	ID # <i>27</i>
Establishment Address <i>101 N First St Van Buren</i>	Owner <i>Mac's Convenience Store LLC</i>	Follow-up <i>-</i>	Release Date <i>10 days</i>
Owner's Address <i>P.O. Box 347 Columbus In</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C - NC 3 R -</i>	
Person in Charge <i>Marla Moore</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail <i>N/A</i>	3. Complaint		
Certified Food Handler <i>Marla Moore exp 9-2019</i>	4. Pre-Operational		
	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>431</i>	<i>NC</i>		<i>Flooring, tile on west side needs fixed or replaced</i>	<i>10 days</i>
<i>295</i>	<i>NC</i>		<i>Gent's Wash Machine has dried cheese on under plate</i>	<i>10 days</i>
<i>310</i>	<i>NC</i>		<i>Cleaning of hood system above fryers</i>	<i>10 days</i>
<i>3/7/19</i> <i>Marla Moore</i>				

Received by (name and title printed): <i>Marla Moore</i>	Inspected by (name and title printed): <i>Dawn Smith / FSD</i>
Received by (signature): <i>m. moore</i>	Inspected by (signature): <i>Marla Moore / FSD</i>
cc:	cc: