



**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 - 4702214	Telephone Number (768) Establishment (674) 7506	Date of Inspection 1-18-19	ID # 27
Establishment Address 209 W 38th St Marion	Purpose: <input checked="" type="checkbox"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 10 days
Owner Mac's Convenience stores		Summary of Violations: C - NC 3 R -	
Owner's Address P.O. Box 347 Columbus		Menu Type (See back of page) 1 2 <input checked="" type="checkbox"/> 3 4 5	
Person in Charge John Dickson		Responsible Person's E-mail	
Certified Food Handler John Dickson exp 2/21			

- 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
297	NC		Froster frozen drinks IE Mt Dew - dark Soil on inside	Today
243	NC		Single service cups in back in 2 locations Sitting directly on floor - must be 6" or higher	Today
270	NC		3 bay sink needs to be set up - WASH RINSE - Sanitize with clean water	Today

2/6/19
M.

Received by (name and title printed): John Dickson	Inspected by (name and title printed): John Smith PSPD
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 1/18/19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 1-18-19.

DATE:	Action Taken:
<u>1/18/19</u>	<u>297 NC Submitted maintenance Request for Service</u>
<u>1/18/19</u>	<u>243 NC Just Received Truck POT Box on Shelf</u>
<u>1/18/19</u>	<u>270 NC Retrained Personnel on Proper Wash Rinse Sanitize Set up.</u>

2/8/19

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: John Dickison Title: Manager

Establishment Name: Circle K

Address: 209 W 38th St Marion IN 46953

• Attach additional sheets as needed.