



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001



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>Cassey's General Store 3755</i>	Telephone Number <i>768</i>	Date of Inspection (mm/dd/yr) <i>1-9-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>601 W Main St Gas City</i>	Owner <i>(677) 0306</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Cassey's Marketing Co.</i>	Purpose: <input checked="" type="radio"/> 1. Routine	Summary of Violations: <i>2 NC / 1 R / 1</i>	
Owner's Address <i>P.O. Box 3001 IA</i>	<input type="radio"/> 2. Follow-up		
Person in Charge <i>Laura</i>	<input type="radio"/> 3. Complaint	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail <i></i>	<input type="radio"/> 4. Pre-Operational		
Certified Food Handler <i>Laura Mauler exp 1-10-2020</i>	<input type="radio"/> 5. Temporary		
	<input type="radio"/> 6. HACCP		
	<input type="radio"/> 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>- Subway -</i>	
<i>295</i>	<i>C</i>		<i>Manual can opener & blade is soiled dried debris</i>	<i>Today</i>
<i>295</i>	<i>NC</i>	<i>X</i>	<i>Handles/shelfing throughout kitchen & up on line are soiled.</i>	<i>}</i>
			<i>- Store -</i>	
<i>191</i>	<i>C</i>		<i>The following food items sitting in cooler and past use by or sell by date</i>	<i>Mrg pulled all of these</i>
			<i>1) 8 - Triple sticks chicken salad sandwiches dated 1-8-20</i>	
			<i>2) 6 - Triple sticks BBQ Rib sandwiches - No dates found</i>	
			<i>3) 6 lunchables Ham & American cheese dated 12-2019</i>	

Received by (name and title printed): <i>Laura Mauler</i>	Inspected by (name and title printed): <i>Deborah Small FSD</i>
Received by (signature): <i>Laura Mauler</i>	Inspected by (signature): <i>Deborah Small FSD</i>
cc:	cc:



Operator Inspection Response
State Form 80047 (2-03)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 1/9/20

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 Smal from the Grant Co. Health Department on 1-9-20.

DATE: Action Taken:

1/9 Section 295 can opener taken apart fully cleaned inside & out

1/9 Handles throughout kitchen soiled - every handle deep cleaned & scrubbed. ~~#~~

1/9 outdated product - removed instantly & disposed of

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

Name of Respondent: Laura Mauller Title: Store Manager

Establishment Name: ~~Casey's~~ Casey's General Store

Address: 401 W Main St. Gas City, IN 46933

o Attach additional sheets as needed.