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: Casey General Store #2917	**Telephone Number**: (765) Establishment ( ) Owner 673-0640	**Date of Inspection** *(mm/dd/yr)*: 3-9-23	**ID #**: 27
Establishment Address *(number and street, city, state, ZIP code)*: 629 N Baldwin Ave Marion			
Owner: Casey's Marketing Co	**Purpose:** 1. Routine (circled)	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: 1 SE Convenience Blvd IA	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge: Marty	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)*: 1___ 2___ 3X 4___ 5___	
Certified Food Handler: Jaqueline Howard Exp 5-2023	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
			No Violations	

Received by *(name and title printed)*: MARTY BANTER	Inspected by *(name and title printed)*: Scott Kilcendall
Received by *(signature)*:	Inspected by *(signature)*: Scott Kilcendall FSIO

cc:	cc:	cc: