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 # 3735 GC	**Telephone Number** 765 Establishment 677-0305 Owner	**Date of Inspection** (*mm/dd/yr*): 12-23-25	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 601 W Main St Gas City			
Owner: Casey's Marketing Co	**Purpose:** (1. Routine)	**Follow-up**: NO	**Release Date**: 10/20/25
Owner's Address: 1 SE Convenience Blvd IA	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Summary of Violations:** C___ NC___ R___	
Person in Charge: Laura			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1___ 2___ 3 X 4___ 5___	
Certified Food Handler: Laura Muller Exp 1-2025			

- 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*): Laura Mueller	Inspected by (*name and title printed*): Scott Rikendall
Received by (*signature*): L Mueller	Inspected by (*signature*): Scott Rikendall FSIO
cc:	cc:
	cc: