



**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 2207</i>	Telephone Number <i>765</i>	Date of Inspection (mm/dd/yr) <i>2-7-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1707 Kom RP Marion</i>	Owner <i>664-7479</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Mack's Convenience Stores LLC</i>	Purpose: 1. <input checked="" type="checkbox"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C NC <u>L</u> R</i>	
Owner's Address <i>PO Box 347</i>			
Person in Charge <i>Corey</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Corey Stone Exp 6-2026</i>			

- 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>298</i>	<i>NC</i>		<i>microwave on inside is soiled with Deep Food debris</i>	<i>Today</i>

Received by (name and title printed): <i>Corey Stone</i>	Inspected by (name and title printed): <i>Scott Kendall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: