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 # 2202	**Telephone Number** 765 Establishment 674-8752 Owner	**Date of Inspection** *(mm/dd/yr)* 1-30-23	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 300 E Main St Gas City			
Owner Mac's Convenience Stores LLC	**Purpose:** 1. Routine	**Follow-up** No	**Release Date** 10/04/23
Owner's Address PO Box 347	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge Chris	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1___ 2___ 3 X 4___ 5___	
Certified Food Handler Chris Bullard Exp 6-2025			

- 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)*: Chris Bullard Manager	Inspected by *(name and title printed)*: Scott R Kendall
Received by *(signature)*: Chris Bullard	Inspected by *(signature)*: Scott R Kendall PS10

cc:	cc:	cc: