



**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 #2203</i>	Telephone Number <i>765</i> Establishment <i>668-7128</i>	Date of Inspection (mm/dd/yr) <i>3-7-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>901 E Bradford Marion</i>	Owner <i>Mac's Convenience Stores LLC</i>	Follow-up <i>NO</i>	Release Date <i>today</i>
Owner's Address <i>PO Box 347 Columbus IN</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Summary of Violations: <i>C NC R</i>	
Person in Charge <i>Elizabeth</i>	Responsible Person's E-mail 	Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Certified Food Handler 			

- 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>No violations</i>	

Received by (name and title printed): <i>Elizabeth Moperson</i>	Inspected by (name and title printed): <i>Scott K Kendall</i>
Received by (signature): <i>Elizabeth Moperson</i>	Inspected by (signature): <i>Scott Kendall FS10</i>
cc:	cc: