



**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 470 2214</i>	Telephone Number (716) Establishment <i>677 7506</i>	Date of Inspection (mm/dd/yr) <i>2-23-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>209 W 38th St</i>	Owner <i>677 7506</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Mae's Convenience Stores LLC</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 2 NC - R -</i>	
Owner's Address <i>P.O. Box 347 Columbus Ind</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in Charge <i>Angie</i>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>Angie Bennett exp 6-2024</i>	5. Temporary		
	6. HACCP		
	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
<i>295</i>	<i>C</i>		<i>Inside top of microwave soiled w/ dried food</i>	<i>Today</i>
<i>191</i>	<i>C</i>		<i>Pizza w/ Pepporoni use by date 2-11-2023 2-Turkey Cheddar P3 Protein use by 2-16-2023</i>	<i>Pulled</i>

Received by (name and title printed): <i>Angela Bennett</i>	Inspected by (name and title printed): <i>Scott K. Smith / Dan Smith</i>
Received by (signature): <i>Angela Bennett</i>	Inspected by (signature): <i>Scott K. Smith / Dan Smith</i>

cc:	cc:	cc:
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GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 2-24-23

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 2-23-23.

DATE: Action Taken:

2-24 Top of microwave was cleaned + dried
food was removed. 2-23-23

2-24 Outdated product was removed from shelf 2-23-23

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Angela Bennett Title: Manager

Establishment Name: Circle K

Address: 209 W. 38th St. Marion IN 46953