



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**

7-26

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 5-24, 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's General Store #3735	Telephone Number (9765 Establishment 677-0305 Owner	Date of Inspection (mm/dd/yr) 6/21/25/27	ID # 27
Establishment Address (number and street, city, state, ZIP code) 601 W. Main St., Bos City			
Owner Casey's Marketing Company	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up NO	Release Date 100 Days
Owner's Address Same	Summary of Violations: P PF E		
Person in Charge Ashley	Menu Type (See back of page)		
Responsible Person's E-mail Ashley.Henderson@caseys.com	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler Ashley Henderson 7/30/24			

- 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"

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Introduction

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