



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>Casper's General Store #3735</i>	Telephone Number <i>765-677-0305</i>	Date of Inspection (mm/dd/yr) <i>6/27/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>601 W. Main St., Bos City</i>	Owner <i>Casper's Marketing Company</i>	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner's Address <i>Same</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>P PF C</i>	
Person in Charge <i>Ashley</i>	Responsible Person's E-mail	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Certified Food Handler <i>Ashley Henderson 7/30/24</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#	CNC	R	Narrative	To Be Corrected By
<i>No violations</i>				
<i>P - priority / critical</i>				
<i>PF - priority foundation / ASAP</i>				
<i>C - Core / NonCritical</i>				
Received by (name and title printed): <i>Ashley Henderson</i>			Inspected by (name and title printed): <i>Ashley Henderson</i>	
Received by (signature): <i>Ashley Henderson</i>			Inspected by (signature): <i>Ashley Henderson</i>	
cc:			cc:	