



**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 <u>Circle K #4702202</u>	Telephone Number (   ) Establishment (   ) Owner <u>765 674-8952</u>	Date of Inspection (mm/dd/yr) <u>7/1/23</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>300 E. Main St., Bos City, NC 27215</u>			
Owner <u>Mac's Convenience Stores LLC</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>Christopher</u>	Follow-up <u>NO FOLLOW-UP</u>	Release Date <u>7/10/23</u>
Owner's Address <u>Same</u>	Summary of Violations: <u>P - F - C -</u>		
Person in Charge <u>Christopher</u>	Menu Type (See back of page) <u>1 2 X 3 4 5</u>		
Responsible Person's E-mail <u>Christopher.Bullard</u>			
Certified Food Handler <u>Christopher Bullard</u>	3/23/20		

- 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"

P - Priority / critical  
PF - Priority foundation / ASCP  
C - Core / noncritical

Received by (name and title printed):

Inspected by (name and title printed):

B. 1. 11. (1970)

1 2 3 4 5 6 7 8

Received by (signature):

Inspected by (signature): W. A. H.

801

10

10