



# 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</u>	Telephone Number <u>705</u> Establishment	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <u>300 East Main St.</u>	<u>674</u> Owner <u>752</u>	<u>1-14-20</u>	<u>27</u>
Owner <u>Mac's Convenience Stores LLC</u>	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) <u> </u>	Follow-up	Release Date <u>No 14 days</u>
Owner's Address <u>P.O. Box 347 Chambers TN</u>	Summary of Violations:  <u>C NC R</u>		
Person in Charge <u>Chad</u>	Menu Type (See back of page)		
Responsible Person's E-mail <u> </u>	1 <u>2</u> 3 <u>4</u> 5 <u>5</u>		
Certified Food Handler <u>Chesterfield Bullard exp 6-2025</u>			

- 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):

Received by (name and title printed): Chris Bullard MANAGER  
Received by (initials):

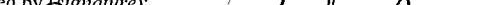
Inspected by (initials and title printed):

Inspected by name and title printed): John Pearson II

Received by (signature)

Received by (signature):

Imported by *Grin* (grin.com)

inspected by (signature): 

cc:

897

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