



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</i>	Telephone Number <i>4702221</i>	Date of Inspection <i>128-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6025 New St.</i>	(<i>10</i>) Establishment <i>674 Owner 1801</i>		
Owner <i>Mike's Convenience Stores LLC</i>	Purpose: <i>1. Routine</i>	Follow-up <i>ND</i>	Release Date <i>10 May 5</i>
Owner's Address <i>Columbus IN</i>	 <i>2. Follow-up</i>		
Person in Charge <i>James</i>	 <i>3. Complaint</i>		
Responsible Person's E-mail	 <i>4. Pre-Operational</i>		
Certified Food Handler <i>Mimi Benedict 9-2023</i>	 <i>5. Temporary</i>		
	 <i>6. HACCP</i>		
	 <i>7. Other (list)</i> <i>_____</i>		
		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

- 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):

(name and title printed): James Inman

Inspected by (name and title printed):

Inspected by (name and title printed)
Deon Smp

Received by (signature):

[Signature]

Entered by (signature)

Inspected by (signature)

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