



# 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**

726 AMC

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 #4702212</u>	Telephone Number (   ) <u>763</u>	Date of Inspection (mm/dd/yr) <u>5/14/13</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>1339 West 2nd St., Marion</u>	Owner <u>Mac's Convenience Store, LLC</u>	Follow-up <u>NO</u>	Release Date <u>100 days</u>
Owner's Address <u>30mle</u>	Purpose: <ol style="list-style-type: none"> <li>1. Routine</li> <li>2. Follow-up</li> <li>3. Complaint</li> <li>4. Pre-Operational</li> <li>5. Temporary</li> <li>6. HACCP</li> <li>7. Other (list) <u></u></li> </ol>	Summary of Violations: <u>P - PF - C /</u>	
Person in Charge <u>Amy</u>		Menu Type (See back of page)	
Responsible Person's E-mail <u></u>		1 <u>2</u> 3 <u>4</u> 5	
Certified Food Handler <u>Mimi Benardini</u>			
Inspection Date <u>5/14/2013</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"

Section#	C/N/C	R	Narrative	To Be Corrected By
306	C (core inc)	✓	<p>The following non-food contact areas should be cleaned and disinfected:</p> <ol style="list-style-type: none"> <li>1. Microtunnels on inside</li> <li>2. Hot holding.</li> </ol>	

Received by (name and title printed):

*(Signature):* Amy Darrah

Inspected by (name and title printed)

Impaired by (name and title of physician): English Hollow

Received by (signature):

Received by (signature): 

1990-1991 (continued)

Inspected by (Signature) John M. Reilly 11/10/00

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cc7

A. G. D. G.