



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 #4702214</u>	Telephone Number (Establishment (Owner <u>765-674-1506</u>	Date of Inspection (mm/dd/yr) <u>3/31/25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>209 West 38th St, Marion</u>			
Owner <u>Mac's GonKeniece Stores, LLC (Circle K)</u>	Purpose: <ul style="list-style-type: none">1. Routine2. Follow-up3. Complaint4. Pre-Operational5. Temporary6. HACCP7. Other (list) _____	Follow-up <u>NO FOLLOWUP</u>	Release Date <u>3/31/25</u>
Owner's Address <u>309ff</u>	Summary of Violations: <u>C — NC — R —</u>		
Person in Charge <u>Conrad</u>			
Responsible Person's E-mail <u>—</u>			
Certified Food Handler <u>Sheehanlether</u>	Menu Type (See back of page) <u>1 2 X 3 4 5</u>		
	9/18/24		

- 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):

Donald Beal

Received by (signature):

Received by (signature):
Donald Bear

Inspected by (name and title printed)

Indirect Tollum

Inspected (by) (signature):

1887-1888 (Signature).

cc:

CC

66