



**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 <b>Circle K 4702218</b>	Telephone Number ( ) Establishment <b>934-3234</b>	Date of Inspection (mm/dd/yr) <b>2/16/24</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>101 N First St VAN Buren</b>	Owner <b>Mac's Convenience Stores LLC</b>	Purpose: <b>1. Routine</b>	Follow-up <b>NO</b>
Owner's Address <b>PO Box 347</b>	Person in Charge <b>DAKOTA</b>	2. Follow-up	Release Date <b>10 days</b>
Responsible Person's E-mail	3. Complaint	4. Pre-Operational	Summary of Violations: <b>C - NC 4 R 3</b>
Certified Food Handler <b>Christy York 2/14/24</b>	5. Temporary	6. HACCP	Menu Type (See back of page) <b>1 2 3 X 4 5</b>
7. Other (list)			

- 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/NC	R	Narrative	To Be Corrected By
433	NC		Wet mop stored on floor Must be placed in position to air dry	Today
310	NC	✓	HVAC VENTS soiled with dust	
402	NC	✓	+/- 5 Ceiling tiles stained brown in color	30 days
295	NC	✓	Cappuccino Machine soiled with debris	Today

Received by (name and title printed): <b>Dakota S. Tule</b>	Inspected by (name and title printed): <b>April Legare FS10</b>
Received by (signature): <i>Dakota S. Tule</i>	Inspected by (signature): <i>April Legare</i>
cc:	cc: