



**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 # 4702212</i>	Telephone Number <i>(765) 384-3884</i>	Date of Inspection <i>(mm/dd/yy)</i> <i>5/29/20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1339 W 2nd St. Marion</i>		Follow-up <i>NO</i>	Release Date <i>18 days</i>
Owner <i>Mac's Convenience Stores LLC</i>	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) _____	Summary of Violations: C ___ NC <u>1</u> R ___	
Owner's Address <i>P.O. Box 397 Columbus IN</i>			
Person in Charge <i>Brittany</i>		Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 ___ 3 ___ 4 ___ 5 ___	
Responsible Person's E-mail _____			
Certified Food Handler <i>Brittany McPherson</i>			

• 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
<i>245</i>	<i>NC</i>		<i>In storage room and in the out bldg (shed) to go cups sitting directly on floor.</i>	<i>Today</i>

Received by (name and title printed): <i>Brittany McPherson</i>	Inspected by (name and title printed): <i>Dan P... / Scott K...</i>
Received by (signature): <i>Brittany McPherson</i>	Inspected by (signature): <i>Dan P... / Scott K...</i>
cc:	cc: