



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 4702214</i>	Telephone Number <i>765</i>	Date of Inspection <i>6-18-2027</i>	ID # <i>27</i>
Establishment Address <i>209 W 38th St MARION</i>	Owner <i>674-7505</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Mac's Convenience Store 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: <i>C <u>1</u> NC <u>2</u> R <u>3</u></i>	
Owner's Address <i>PO Box 347</i>		Menu Type (See back of page) <i>1 2 <u>3</u> 4 5</i>	
Person in Charge <i>John Dickison</i>			
Responsible Person's E-mail _____			
Certified Food Handler <i>John Dickison exp 2021</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>129</i>	<i>C</i>		<i>Employee put gloves on without washing hands</i>	<i>Today</i>

Received by (name and title printed): <i>John Dickison manager</i>	Inspected by (name and title printed): <i>Scott / Kendall Dean / Small</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 6/18/2020

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott kikendall from the Grant Co. Health Department on 6-18-20.

DATE: 6/18/20 Action Taken: Disciplined Employee and Reminded her of the importance of Hand washing Between Glove Changes.

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: John Dickson Title: Manager

Establishment Name: Circle K

Address: 209 W 38th St Marion