



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-~~25~~, 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>Casey's General Store #2917</u>	Telephone Number <u>7485</u> Establishment (<u>613</u>) <u>0640</u>	Date of Inspection (mm/dd/yr) <u>8-13-25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>1229 N Baldwin Ave</u>			
Owner <u>Casey's Marketing Company</u>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>None</u>	Follow-up <u>No</u>	Release Date
Owner's Address <u>None</u>	Summary of Violations: <u>P - PC / 82</u>		
Person in Charge <u>Mandy</u>	Menu Type (See back of page)		
Responsible Person's E-mail <u>—</u>	1 <u>2</u> <u>3</u> <u>4</u> <u>5</u>		
Certified Food Handler <u>Mandy Bantzen</u>	6-22-2023		

- 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#	<input checked="" type="checkbox"/> C	R	Narrative	To Be Corrected By
306c	C		<p>The following 'Non Food' contact items is soiled w/ food debris</p> <p>1) Top of pizza oven</p>	
306a	PF		Food debris in top drawer where clean utensils are stored.	
307e	C	X	<p> fountain & Cappuccino machine - Nozzles soiled Clean more often</p>	

Received by (name and title printed):

MARTY BANTER

Inspected by (name and title print):

Deon Spa

Received by (signature):

[Signature]
[Signature]: *Mark Bates*

Entered by (signature):

Inspected by (signature):

99:

20

• 100 •