



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>Casays General Store #3735</i>	Telephone Number <i>(765) Establishment (677) Owner 8305</i>	Date of Inspection <i>(mm/dd/yr) 7-3-24</i>	ID # <i>27</i>
Establishment Address <i>601 W Main St</i>	Owner <i>Casays Marketing Co</i>	Follow-up	Release Date <i>10 days</i>
Owner's Address <i>1 SE Convenience Blvd FA</i>	Purpose: <input checked="" type="radio"/> Routine	Summary of Violations: <i>C 1 NC 2 R</i>	
Person in Charge <i>Elizabeth</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Responsible Person's E-mail	3. Complaint		
Certified Food Handler <i>List Booked exp Nov 2028</i>	4. Pre-Operational		
	5. Temporary		
	6. HACCP		
	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
<i>295</i>	<i>C</i>		<i>The following "Food Contact" items is soiled w/ dried food etc. 1) Plastic tubs below warmers 2) Inside metal drawers by fryer</i>	<i>10 Day</i>
<i>295</i>	<i>NC</i>		<i>The following "Non Food" Contact items is soiled 1) Inside floor contact in kitchen 2) Plastic Trays @ fountain machine</i>	
<i>431</i>	<i>NC</i>		<i>Flour in kitchen around equipment Also inside pop center - has grease/pop and needs mopped</i>	

Received by (name and title printed): <i>Elizabeth Day</i>	Inspected by (name and title printed): <i>Dea Ruff</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

Grant County Health Department

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 7-3-24

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 / April Legare from the Grant Co. Health Department on 7-3-2024

Date:	Action Taken:
<u>7/3/24</u>	<u>#295 All Removed re-washed, rinsed & sanitized</u>
	<u>metal drawers opened & cleaned out</u>
	<u>#295 Kitchen cooler swept & mopped</u>
	<u>Plastic trays @ fountain scrubbed & cleaned</u>
	<u>#431 floor in kitchen around equipment swept & mopped</u>
	<u>Pop cooler also swept & mopped</u>

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

Name of Respondent: Laura Mauller Title: District mgr.

Establishment Name: Caseys Inc

Address: 601 W Main St. Cas City, IN 46933

Attach additional sheets as needed.