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: Gas City I-69 Speedway	**Telephone Number**: (765) 677-7223 ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 4/25/19	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 5871 S 500 S Gas City, IN			
Owner: Jerry Gappons	**Purpose:** 1. Routine; 2. Follow-up; 3. ~~Complaint~~; 4. Pre-Operational (circled); 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**: No	**Release Date**: 10 DAYS
Owner's Address: SAME		**Summary of Violations:** C___ NC___ R___	
Person in Charge: Colleen Rich			
Responsible Person's E-mail: N/A		**Menu Type** (*See back of page*): 1___ 2 X 3___ 4___ 5___	
Certified Food Handler: Colleen Rich / 5HEI/A HAWORTH 8/15/22			

- 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
			No Violations at this Inspection	

Received by (*name and title printed*): * Colleen Rich

Inspected by (*name and title printed*): Dale Cayr - FSD

Received by (*signature*): * Colleen Rich

Inspected by (*signature*): [signature] FSD

cc: | cc: | cc: