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: Speedking - Hicks	**Telephone Number**: (765) Establishment; (922) Owner	**Date of Inspection** (*mm/dd/yr*): 9-11-19	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 206 N Washington St Swayzee			
Owner: Michael Hicks	**Purpose**: 1. Routine (circled); 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: 4019 S 700 W		**Summary of Violations**: C 1 NC 1 R ___	
Person in Charge: Snow Jeffries			
Responsible Person's E-mail: N/A		**Menu Type** (*See back of page*): 1 ___ 2 X 3 ___ 4 ___ 5 ___	
Certified Food Handler: Shauna FSMAC exp 8/2022			

- 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
295	C		Metal Container sitting next to pizza oven has clean tong c/knife it is soiled at the bottom inside.	Today
295	NC		Inside Cookie display to include glass is soiled w/ food debris	Today

Received by (*name and title printed*): Snow C Jeffries cashier	Inspected by (*name and title printed*): Dean Sipe FSP
Received by (*signature*): Snow Jeffries cashier	Inspected by (*signature*): Dean Sipe FSP

cc:	cc:	cc: