



**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 <b>Speedway #1038</b>	Telephone Number <b>9765</b> Establishment	Date of Inspection <b>11-2-20</b> (mm/dd/yr)	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1550 S Western Ave Marion, IN</b>	Owner <b>651-0124</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Speedway LLC</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C NC 2 R</b>	
Owner's Address <b>PO Box 1580</b>	2. Follow-up	Menu Type (See back of page) <b>1 2 X 3 4 5</b>	
Person in Charge <b>Marie Phillips</b>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <b>Marie Phillips Exp 5-2021</b>	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
297	NC		Nozzles on self-service pop machine are soiled and syrup build-up need to be cleaned once every 24 hours	today
295	NC		The following 'non food' contact items are soiled with food debris 1) TRASH bins on coffee station to include all of them 2) Tray on speedy premium machine 3) Lids on plastic tubs in prep area	

Received by (name and title printed): <b>Marie Plasterer Phillips</b>	Inspected by (name and title printed): <b>Scott K. Kendall / Dawn Small</b>
Received by (signature): <i>Marie Plasterer Phillips</i>	Inspected by (signature): <i>Scott Kendall / Dawn Small BSA</i>
cc:	cc:

Operator Response to Inspection  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 11-2-2020

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 11-2-20.

DATE: 11-2-2020 297 Action Taken: Took all the pop nozzles off of fountain & cleaned, Talked To employees about cleaning them every day.

11-2-2020 295 - 1. Cleaned under all trash Bins  
2. Cleaned Cappachine machine tray  
3. Removed all product out of Donut cambro pans & Put in new Cambro pans.

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

Name of Respondent: Marie Plasterer Phillips Title: General Manager

Establishment Name: Speedway

Address: 1550 western Ave.

Attach additional sheets as needed.