



**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>Speedway # 1038</i>	Telephone Number (<i>768</i>) Establishment	Date of Inspection (mm/dd/yr) <i>8-18-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1550 Western Ave Marion</i>	(<i>706</i>) Owner <i>3269</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>Speedway LLC</i>	Purpose: 1. Routine	Summary of Violations: <i>C ___ NC ___ R ___</i>	
Owner's Address <i>Springfield OH</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Marie</i>	3. Complaint	<i>1 ___ 2 <u>X</u> 3 ___ 4 ___ 5 ___</i>	
Responsible Person's E-mail <i>_____</i>	4. Pre-Operational		
Certified Food Handler <i>Marie Phillips exp 4-2026</i>	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>345</i>	<i>C</i>		<i>Hand sink in back of kitchen has a can of Red Bull drink sitting in it - for washing hands only!</i>	<i>Removed</i>
<i>298</i>	<i>NC</i>		<i>Handle of microwave in kitchen is soiled.</i>	<i>To Day</i>

Received by (name and title printed): <i>Marie Plasterer Phillips</i>	Inspected by (name and title printed): <i>Deann Smith / Scott K. Kerda</i>
Received by (signature): <i>Marie Plasterer Phillips</i>	Inspected by (signature): <i>Deann Smith / Scott K. Kerda</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: 8-18-21

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 8-18-21.

DATE:	Action Taken:
<u>8-18-21</u>	<u># 345 Removed Can from sink,</u>
<u>8-18-21</u>	<u># 298 Cleaned handle on microwave.</u>

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

Name of Respondent: Marie Plasterer Phillips Title: manager

Establishment Name: Speedway

Address: 1550 S. Western Ave. Marion In. 46953