# 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** Speedway #6050 | **Telephone Number** (765) Establishment (662-3469) Owner | **Date of Inspection** (mm/dd/yr) 5-6-19 | **ID #** 27 |
| **Establishment Address** (*number and street, city, state, ZIP code*) 1217 N. Wabash Ave Marion | | | |
| **Owner** Speedway LLC | **Purpose:** 1. Routine (circled) | **Follow-up** No | **Release Date** 10 days |
| **Owner's Address** P.O. Box 1580 OH | 2. Follow-up | **Summary of Violations:** | |
| **Person in Charge** Melody Searles | 3. Complaint | C ✓ NC 1 R ✓ | |
| **Responsible Person's E-mail** | 4. Pre-Operational | **Menu Type** *(See back of page)* | |
| **Certified Food Handler** N/A | 5. Temporary | 1 ✓ 2 3 4 5 | |
| | 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 |
|---|---|---|---|---|
| 295 | NC | | In front at the Iced coffee machine - is soiled underneath. | Today |

| | |
|---|---|
| Received by (*name and title printed*): Melody Searles | Inspected by (*name and title printed*): Dean Small FSP |
| Received by (*signature*): Melody Searles | Inspected by (*signature*): Dean Small FSP |

cc: | cc: | cc: