



**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 #6050</i>	Telephone Number <i>765</i> Establishment <i>(662)-3469</i> Owner	Date of Inspection (mm/dd/yr) <i>5-18-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1227 N Wabash Ave Marion, IN</i>	Owner <i>Speedway LLC</i>	Follow-up <i>no</i>	Release Date <i>10 days</i>
Owner's Address <i>PO BOX 1580 OH</i>	Purpose: <u>1. Routine</u>	Summary of Violations:  <i>C</i> <u>NC</u> <u>R</u>	
Person in Charge <i>Brandy Loughman</i>	2. Follow-up	Menu Type (See back of page)	
Responsible Person's E-mail	3. Complaint	<i>1</i> <u>X</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
Certified Food Handler <i>N/A</i>	4. Pre-Operational		
	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>no violations</i>	

Received by (name and title printed): <i>Brandy Loughman S/18/21</i>	Inspected by (name and title printed): <i>Scott Kendall FSLO</i>
Received by (signature): <i>Brandy Loughman S/18/21</i>	Inspected by (signature): <i>Scott Kendall FSLO</i>
cc:	cc: