



## 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 #6051</i>	Telephone Number <i>765 Establishment 874-2468</i>	Date of Inspection <i>(mm/dd/yr) 5-10-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4502 S Adams St Marion</i>		Follow-up <i>No</i>	
Owner <i>Speedway LLC</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Release Date <i>10 days</i>	
Owner's Address <i>P.O. Box 1580 Springfield OH</i>		Summary of Violations:  <i>C <u>  </u> NC <u>  </u> R <u>  </u></i>	
Person in Charge <i>Norma Hueon</i>		Menu Type (See back of page) <i>1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u></i>	
Responsible Person's E-mail  	Certified Food Handler <i>N/A</i>		

- 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 at this time -</i>	

Received by (name and title printed): <i>Norma Hueon</i>	Inspected by (name and title printed): <i>Donna [Signature] PSD</i>	
Received by (signature): <i>Norma Hueon</i>	Inspected by (signature): <i>[Signature] PSD</i>	
cc:	cc:	cc: