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 #6051	**Telephone Number** (765) Establishment	**Date of Inspection** (*mm/dd/yr*) 6-26-20	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 4502 S Adams ST Marion	( ) Owner 674-3469		
Owner Speedway LLC	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address PO Box 1580 OH	2. Follow-up	**Summary of Violations:**	
Person in Charge Norma	3. Complaint	C__ NC__ R__	
Responsible Person's E-mail —	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler N/A	5. Temporary	1 X 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
			No violations on this inspection	

Received by (*name and title printed*): Norma Huron	Inspected by (*name and title printed*): Scott Kirkendall FSIO
Received by (*signature*): Norma Huron	Inspected by (*signature*): Scott Kirkendall FSIO
cc:	cc:
cc:	