



**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</i>	Date of Inspection <i>6-1-21</i>	ID # <i>27</i>
Establishment Address <i>4502 S Adams St Marion</i>	Establishment <i>674-3469</i>	Owner <i>674-3469</i>	
Owner <i>Speedway LLC</i>	Purpose: 1. Routine <input checked="" type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) _____	Follow-up <i>NO</i>	Release Date <i>today</i>
Owner's Address <i>PO Box 1580 OH</i>		Summary of Violations: <i>C</i> <input type="checkbox"/> <i>NC</i> <input type="checkbox"/> <i>R</i> <input type="checkbox"/>	
Person in Charge		Menu Type (See back of page) <i>1</i> <input checked="" type="checkbox"/> <i>2</i> <input type="checkbox"/> <i>3</i> <input type="checkbox"/> <i>4</i> <input type="checkbox"/> <i>5</i> <input type="checkbox"/>	
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	N	R	Narrative	To Be Corrected By
				<i>NO VIOLATIONS</i>	

Received by (name and title printed): <i>Normatturon</i>	Inspected by (name and title printed): <i>Scott Kewala</i>
Received by (signature): <i>Normatturon</i>	Inspected by (signature): <i>Scott Kewala</i>
cc:	cc: