



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>Way To Go Marathon</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i>	ID #
Establishment Address <i>2620 S Lincoln Blvd Marion</i>	<i>(673) Owner 0998</i>	<i>1-23-19</i>	<i>27</i>
Owner <i>Hurdel</i>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>SAMS</i>	2. Follow-up	Summary of Violations: <i>C1 NC2 R</i>	
Person in Charge <i>Hurdel</i>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail <i>[redacted]</i>	4. Pre-Operational	<i>1 X 2 3 4 5</i>	
Certified Food Handler <i>N/A</i>	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>191</i>	<i>C</i>		<i>1- OSCAR Meyer Bologna dated 1-7-2019 on shelf</i>	<i>Removed</i>
<i>239</i>	<i>NC</i>		<i>single service cups etc must be 6" off of the floor</i>	<i>Today</i>
<i>146</i>	<i>NC</i>		<i>Ice - Must have labels on each one with name - address - phone #</i>	<i>Today</i>
<i>2/8/19 AM</i>				

Received by (name and title printed): <i>Katie Long Head</i>	Inspected by (name and title printed): <i>Dean Small FSP</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: