



**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>(708) Establishment</i>	Date of Inspection (mm/dd/yr) <i>9-9-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2620 S. Lincoln Blvd Marion</i>	<i>(617) Owner 995</i>		
Owner <i>Hurdal</i>	Purpose: <input checked="" type="radio"/> Routine	Follow-up <i>-</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	<input type="radio"/> Follow-up	Summary of Violations: <i>C 1 NC 3 R 1</i>	
Person in Charge <i>Nora Campbell</i>	<input type="radio"/> Complaint	Menu Type (See back of page)	
Responsible Person's E-mail	<input type="radio"/> Pre-Operational	<i>1 X 2 3 4 5</i>	
Certified Food Handler <i>N/A</i>	<input type="radio"/> Temporary		
	<input type="radio"/> HACCP		
	<input type="radio"/> 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
176	NC		2 floor freezers - Ice is built up and touching product	Today
191	C		+/- 16 Great American Sandwiches in cooler no dates on them.	Today
229	NC		Under the metal overdo Ice machine there is a chunk residue.	Today
146	NC	X	+/- 10 bags of E and 20 lb Ice - must be labeled w/ store info.	Today

Received by (name and title printed): <i>Laura Campbell</i>	Inspected by (name and title printed): <i>Debra Sapp</i>
Received by (signature): <i>Laura Campbell</i>	Inspected by (signature): <i>Debra Sapp</i>
cc:	cc: