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: Way To Go Marathon	**Telephone Number**: (765) Establishment; ( ) Owner 673-0995	**Date of Inspection** (*mm/dd/yr*): 7320	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 2620 S Lincoln Blvd Marion			
Owner: Hundal	**Purpose**: 1. Routine (circled); 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**	**Release Date**
Owner's Address: 942 Farmington Rd		**Summary of Violations**: C 1 NC ~~0~~ R 1	
Person in Charge: Joti			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 X 2 ___ 3 ___ 4 ___ 5 ___	
Certified Food Handler: N/A			

- 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
229	C	X	Ice Machine there a metal flap that has debris on it	Today

Received by (*name and title printed*): Param Hundal

Received by (*signature*): PARAM JOT Hundal

Inspected by (*name and title printed*): Sa. Scott Kikendall

Inspected by (*signature*): Scott Kikendall FS10

cc: | cc: | cc: