



**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</i> Establishment <i>673-0995</i> Owner	Date of Inspection (mm/dd/yr) <i>6-21-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2620 S Lincoln Blvd Marion</i>	Owner <i>Paramjit Hundal</i>	Follow-up	Release Date
Owner's Address <i>Same</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C2 NC1 R1</i>	
Person in Charge <i>Lorraine</i>		Menu Type (See back of page) <i>1 X 2 3 4 5</i>	
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/C	R	Narrative	To Be Corrected By
<i>229</i>	<i>C</i>	<i>X</i>	<i>Ice Machine has a dark residue on top inside; 3 times in a row subject to fine</i>	<i>Today</i>
<i>191</i>	<i>C</i>		<i>+/- 10 Sandwiches by Great American has no date marking</i>	
<i>146</i>	<i>NC</i>		<i>Bags of Ice Storage is bagging needs to have labels 1) Store name 2) Store Address 3) Store Phone #</i>	

Received by (name and title printed): <i>LORRAINE HAMILTON</i>	Inspected by (name and title printed): <i>Scott Kendall</i>
Received by (signature): <i>Lorraine Hamilton</i>	Inspected by (signature): <i>Scott Kendall F510</i>
cc:	cc: