



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**  
State Form 57480 (R2 / 4-25)  
INDIANA DEPARTMENT OF HEALTH  
FOOD PROTECTION DIVISION

Release Date	7-20-25	Date	7-10-25
No. of Risk Factor/Intervention Violations	0	Time In	2:20
No. of Repeat Risk Factor/Intervention Violations	0	Time Out	2:55

Establishment	Address	City/State	Zip Code	Telephone
SPEEDWAY 1211	279 South Van Buren	Nashville TN	47448	812-988-6890
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
N/A	Speedway LLC	Routine	Full	3

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R  
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS		R		Compliance Status		COS		R	
<b>Supervision</b>											
1	IN	OUT	N/A	N/O			17	IN	OUT	N/A	N/O
Person in charge present, demonstrates knowledge, and performs duties						Proper disposition of returned, previously served, reconditioned & unsafe food					
2	IN	OUT	N/A	N/O			<b>Time/Temperature Control for Safety</b>				
Certified Food Protection Manager <i>unknown</i>						18 IN OUT N/A N/O Proper cooking time & temperatures					
<b>Employee Health</b>											
3	IN	OUT	N/A	N/O			19	IN	OUT	N/A	N/O
Management, food employee and conditional employee; knowledge, responsibilities and reporting						20 IN OUT N/A N/O Proper reheating procedures for hot holding					
4	IN	OUT	N/A	N/O			21	IN	OUT	N/A	N/O
Proper use of restriction and exclusion						22 IN OUT N/A N/O Proper cooling time and temperature					
5	IN	OUT	N/A	N/O			23	IN	OUT	N/A	N/O
Procedures for responding to vomiting and diarrheal events						24 IN OUT N/A N/O Proper hot holding temperatures					
<b>Good Hygienic Practices</b>											
6	IN	OUT	N/A	N/O			25	IN	OUT	N/A	N/O
Proper eating, tasting, drinking, or tobacco products use						26 IN OUT N/A N/O Proper cold holding temperatures					
7	IN	OUT	N/A	N/O			<b>Consumer Advisory</b>				
No discharge from eyes, nose, and mouth						27 IN OUT N/A N/O Consumer advisory provided for raw/undercooked food					
<b>Preventing Contamination by Hands</b>											
8	IN	OUT	N/A	N/O			<b>Highly Susceptible Populations</b>				
Hands clean & properly washed						28 IN OUT N/A N/O Pasteurized foods used; prohibited foods not offered					
9	IN	OUT	N/A	N/O			<b>Food/Color Additives and Toxic Substances</b>				
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed						29 IN OUT N/A N/O Food additives: approved & properly used					
10	IN	OUT	N/A	N/O			<b>Conformance with Approved Procedures</b>				
Adequate handwashing sinks properly supplied and accessible						Compliance with variance/specialized process/HACCP					
<b>Approved Source</b>											
11	IN	OUT	N/A	N/O			<div style="border: 1px solid black; padding: 5px;">                     Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.                 </div>				
12	IN	OUT	N/A	N/O							
13	IN	OUT	N/A	N/O							
14	IN	OUT	N/A	N/O							
<b>Protection from Contamination</b>											
15	IN	OUT	N/A	N/O							
16	IN	OUT	N/A	N/O							

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS		R		Compliance Status		COS		R	
<b>Safe Food and Water</b>											
30							<b>Proper Use of Utensils</b>				
Pasteurized eggs used where required						43 In-use utensils: properly stored					
31							44 Utensils, equipment & linens: properly stored, dried, & handled				
32							45 Single-use/single-service articles: properly stored & used				
<b>Food Temperature Control</b>											
33							46 Gloves used properly				
Proper cooling methods used; adequate equipment for temperature control						<b>Utensils, Equipment and Vending</b>					
34							47 Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
35							48 Warewashing facilities: installed, maintained, & used; test strips				
36							49 Non-food contact surfaces clean				
<b>Food Identification</b>											
37							<b>Physical Facilities</b>				
Food properly labeled; original container						50 Hot & cold water available; adequate pressure					
<b>Prevention of Food Contamination</b>											
38							51 Plumbing installed; proper backflow devices				
Insects, rodents, & animals not present						52 Sewage & wastewater properly disposed					
39							53 Toilet facilities: properly constructed, supplied, & cleaned				
Contamination prevented during food preparation, storage & display						54 Garbage & refuse properly disposed; facilities maintained					
40							55 Physical facilities installed, maintained, & clean				
Personal cleanliness						56 Adequate ventilation & lighting; designated areas used					
41											
Wiping cloths: properly used & stored											
42											
Washing fruits & vegetables											

Person In Charge (Signature)	<i>George Brown</i>	Date:	
Inspector (Signature)	<i>J. Wells</i>	Follow-up: YES NO (Circle one)	Follow-up Date:



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit # N/A

Date 7-10-25

Establishment: SPEEDWAY 1211
Address: 279 South Van Buren
City/State: Nashville, TN
Zip Code: 37248
Telephone: 615-988-6890

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/A=not applicable
Mark "X" in appropriate box for COS and/or R
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Compliance Status: 57 IN OUT N/A N/O Outdoor Food Operation
Compliance Status: 58 IN OUT N/A N/O Mobile Retail Food Establishment

TEMPERATURE OBSERVATIONS

Table with 6 columns: Item/Location, Temp, Item/Location, Temp, Item/Location, Temp. Includes handwritten entries for Hotdog roller (140°), PIZZA slice (145°), PIZZA Fridge (40°), and Freezer (7, -8, -15, 10°).

OBSERVATIONS AND CORRECTIVE ACTIONS

Table with 3 columns: Item Number, Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code. Complete by Date:

Person In Charge (Signature) G. Galloway

Date: 7-10-25

Inspector (Signature) J. Walker

Date: 7-10-25

