



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 **SPEEDWAY 1211** Address **279 South Van Buren** City/State **Nashville IN** Zip Code **47448** Telephone **812-988-6890**
 License/Permit # **N/A** Permit Holder **Speedway LLC** Purpose of Inspection **Routine** Est. Type **Full** Risk Category **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 | |
|--|---|---|--|---|--|
| Supervision | | | | | |
| 1 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Person in charge present, demonstrates knowledge, and performs duties | | | |
| 2 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Certified Food Protection Manager unknown | | | |
| Employee Health | | | | | |
| 3 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | |
| 4 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Proper use of restriction and exclusion | | | |
| 5 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Procedures for responding to vomiting and diarrheal events | | | |
| Good Hygienic Practices | | | | | |
| 6 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Proper eating, tasting, drinking, or tobacco products use | | | |
| 7 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | No discharge from eyes, nose, and mouth | | | |
| Preventing Contamination by Hands | | | | | |
| 8 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Hands clean & properly washed | | | |
| 9 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | |
| 10 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Adequate handwashing sinks properly supplied and accessible | | | |
| Approved Source | | | | | |
| 11 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Food obtained from approved source | | | |
| 12 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Food received at proper temperature | | | |
| 13 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Food in good condition, safe, & unadulterated | | | |
| 14 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Required records available: molluscan shellfish identification, parasite destruction | | | |
| Protection from Contamination | | | | | |
| 15 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Food separated and protected | | | |
| 16 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Food-contact surfaces; cleaned & sanitized | | | |

| Compliance Status | | COS | | R | |
|--|---|--|--|---|--|
| 17 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O | Proper disposition of returned, previously served, reconditioned & unsafe food | | | |
| Time/Temperature Control for Safety | | | | | |
| 18 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O | Proper cooking time & temperatures | | | |
| 19 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O | Proper reheating procedures for hot holding | | | |
| 20 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O | Proper cooling time and temperature | | | |
| 21 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O | Proper hot holding temperatures | | | |
| 22 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O | Proper cold holding temperatures | | | |
| 23 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O | Proper date marking and disposition | | | |
| 24 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O | Time as a Public Health Control; procedures & records | | | |
| Consumer Advisory | | | | | |
| 25 | <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O | Consumer advisory provided for raw/undercooked food | | | |
| Highly Susceptible Populations | | | | | |
| 26 | <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O | Pasteurized foods used; prohibited foods not offered | | | |
| Food/Color Additives and Toxic Substances | | | | | |
| 27 | <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O | Food additives: approved & properly used | | | |
| 28 | <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O | Toxic substances properly identified, stored, & used | | | |
| Conformance with Approved Procedures | | | | | |
| 29 | <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O | Compliance with variance/specialized process/HACCP | | | |

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.

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 | |
|---|--|---|--|---|--|
| Safe Food and Water | | | | | |
| 30 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Pasteurized eggs used where required | | | |
| 31 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Water & ice from approved source | | | |
| 32 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Variance obtained for specialized processing methods | | | |
| Food Temperature Control | | | | | |
| 33 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Proper cooling methods used; adequate equipment for temperature control | | | |
| 34 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Plant food properly cooked for hot holding | | | |
| 35 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Approved thawing methods used | | | |
| 36 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Thermometers provided & accurate | | | |
| Food Identification | | | | | |
| 37 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Food properly labeled; original container | | | |
| Prevention of Food Contamination | | | | | |
| 38 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Insects, rodents, & animals not present | | | |
| 39 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Contamination prevented during food preparation, storage & display | | | |
| 40 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Personal cleanliness | | | |
| 41 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Wiping cloths: properly used & stored | | | |
| 42 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Washing fruits & vegetables | | | |

| Compliance Status | | COS | | R | |
|--|--|--|--|---|--|
| Proper Use of Utensils | | | | | |
| 43 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | In-use utensils: properly stored | | | |
| 44 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 45 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Single-use/single-service articles: properly stored & used | | | |
| 46 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Gloves used properly | | | |
| Utensils, Equipment and Vending | | | | | |
| 47 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | | |
| 48 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Warewashing facilities: installed, maintained, & used; test strips | | | |
| 49 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Non-food contact surfaces clean | | | |
| Physical Facilities | | | | | |
| 50 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Hot & cold water available; adequate pressure | | | |
| 51 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Plumbing installed; proper backflow devices | | | |
| 52 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Sewage & wastewater properly disposed | | | |
| 53 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Toilet facilities: properly constructed, supplied, & cleaned | | | |
| 54 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Garbage & refuse properly disposed; facilities maintained | | | |
| 55 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Physical facilities installed, maintained, & clean | | | |
| 56 | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | Adequate ventilation & lighting; designated areas used | | | |

Person In Charge (Signature) **Fongy brown** Date: _____
 Inspector (Signature) **[Signature]** Follow-up: YES NO (Circle one) Follow-up Date: _____

