



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

7-26

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>Quickway Van Buren</i>	Telephone Number () Establishment <i>785</i> () Owner <i>878-4012</i>	Date of Inspection (mm/dd/yr) <i>6/24/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>101 North 1st St., Van Buren</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>P - PF / C</i>		
Owner <i>Burpreet Singh</i>	Follow-up <i>NO</i>	Release Date <i>10 day</i>	Summary of Violations:
Owner's Address <i>501 N. 1st</i>	Menu Type (See back of page)		
Person in Charge <i>Lanita</i>	1	2	3
Responsible Person's E-mail <i>—</i>	4	5	
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
359	PF		Hand pink by coffee area bungeyed as a dump sink - Hand wash only	Today
442(a)	C		physical facilities - light covering throughout have dust, dead bugs & missing - tiles missing	ASAP
<p>P - Priority Critical PF - Priority foundation/ASAP C - Core Non-Critical</p>				

Received by (name and title printed):

Lanita McGinnis

Inspected by (name and title printed):

Angela R. McFallum

Received by (signature):

Lanita McGinnis

Inspected by (signature):

Angela R. McFallum 7510

cc:

cc:

cc: