



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>Speedway #6051</i>	Telephone Number Establishment <i>765 674-3469</i>	Date of Inspection (mm/dd/yr) <i>3/9/28</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4502 S Adams St</i>	Follow-up Release Date <i>NO 10 days</i>		
Owner <i>Speedway LLC</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>_____</i>	Summary of Violations: <i>C NC 2 R -</i>	
Owner's Address <i>Dallas TX</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>		
Person in Charge <i>Richard</i>			
Responsible Person's E-mail <i>_____</i>			
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/NC	R	Narrative	To Be Corrected By
295	C		Plastic cups in boxes outside of building - Not packed -	
295	NC		The following "Non Food" Contact Items is Soiled w/ debris 1) Top of Roller gr/1 2) Tray @ fountain	

Received by (name and title printed): <i>Richard Neal</i>	Inspected by (name and title printed): <i>Dean Sy</i>
Received by (signature): <i>Richard Neal</i>	Inspected by (signature): <i>Dean Sy</i>
cc:	cc: