



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: Speedway #6051, Telephone Number: 760 Establishment, Date of Inspection: 3-25-29, ID #: 27, Establishment Address: 4502 S Adams St, Owner: Speedway, Purpose: 1. Routine, Follow-up: NO, Release Date: 10 days, Owner's Address: P.O. Box 139044, Person in Charge: Melissa, Responsible Person's E-mail: [blank], Certified Food Handler: N/A

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 295, NC, [blank], Dust on fan blades in walk in cooler. Also bugs inside light shields on floor.

Received by (name and title printed): Maliss K. Chance, Inspected by (name and title printed): Dept Supervisor, Received by (signature): Maliss K. Chance, Inspected by (signature): Dean Hill FST