



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 <u>Speedway #1038</u>	Telephone Number () Establishment <u>765</u>	Date of Inspection (mm/dd/yr) <u>10/4/24</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>1503 S Western Ave, Marion, IN 46953</u>	Owner <u>206-3269</u>	Follow-up <u>yes</u>	Release Date <u>10 Days</u>
Owner <u>Speedway LLC</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Summary of Violations: <u>C 2 NC 5 R 3</u>	
Owner's Address <u>Same</u>		Menu Type (See back of page) <u>1 2 3 4 5</u>	
Person in Charge <u>Khrista</u>			
Responsible Person's E-mail _____			
Certified Food Handler <u>Khrista Cunningham 12/22</u>			

• 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	NC		The following "non-food contact" items are soiled with syrup, dark debris ect. 1) Slurpee machines - all 2) coffee, cappuccino, etc. coffee machines 3) International Delight Machines 4) Touch Point on all equipment in kitchen	Today
431	NC		Brownie in cooler freezer door on floor to include floor in cooler	
297	NC	✓	Microwave soiled with food debris in kitchen and self service area	
243	NC		Paper products directly on floor - needs to be 6" off floor	
303	C		No sanitizer made up in kitchen	
Received by (name and title printed): <u>Khrista Cunningham Store Leader</u>			Inspected by (name and title printed): <u>Angelika McCallum</u>	
Received by (signature): <u>[Signature]</u>			Inspected by (signature): <u>[Signature]</u> 7510	
cc:		cc:		cc:

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Opello Wynn #1038			1550 Schwestern Ave	10/4/24
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	C		The following "Food Contact" items are storing with dry food, dust ect. ✓ 2 tongs directly on counter 2 food warmer & pizza warmer	today
24C	NC		Used gloves on prep table. - glove change one time only	
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2
Christa Cunningham Store Leader			510	