



**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 <b>Speedway #6050</b>	Telephone Number 765 of Establishment (317) 341-3409	Date of Inspection (mm/dd/yr) <b>5-8-17</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1227 N Wabash Ave., Marion</b>		Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Speedway LLC</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <b>C O N C I R O</b>	
Owner's Address <b>PO Box 1580 Springfield, OH</b>		Menu Type (See back of page) <b>1 2x 3 4 5</b>	
Person in Charge <b>Melody Searles</b>			
Responsible Person's E-mail <b>NIA</b>			
Certified Food Handler <b>NIA Not required</b>			

- 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
218	NC		The reach-in ice cream/pizza freezer measured @ 20°F. Notes: The pizzas located on the bottom shelf were still frozen - moved to freezer located in the back storage room. All packages of ice cream were observed to be melting, soft to touch. (Freezer not working properly)	Today corrected moved to freezer Vol. discarded ice cream

Received by (name and title printed): <b>Melody Searles Storemanager</b>	Inspected by (name and title printed): <b>Traci Little / ASFO</b>
Received by (signature): <i>Melody Searles</i>	Inspected by (signature): <i>Traci Little - ASFO</i>
cc:	cc: