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** 765 684 2468 ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 12/11/18	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 4502 S. ADAMS ST. MARION			
Owner SPEEDWAY LLC	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 12/21/18
Owner's Address PO BOX 1580 SPRINGFIELD OH	2. Follow-up	**Summary of Violations:**	
Person in Charge NORMA HURON	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail N/A	4. Pre-Operational		
	5. Temporary	**Menu Type** *(See back of page)*	
Certified Food Handler N/A	6. HACCP		
	7. Other (*list*)	1 Y 2___ 3___ 4___ 5___	

- 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
			NO VIOLATIONS AT THIS INSPECTION	

Received by (*name and title printed*): X Norma Huron	Inspected by (*name and title printed*): Kale Gym - FSID
Received by (*signature*): X Norma Huron	Inspected by (*signature*): Kale Gym - FSID
cc:	cc: / cc: