RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date: 10 Days
No. of Risk Factor/Intervention Violations: 3
No. of Repeat Risk Factor/Intervention Violations: 0
Date: 9-2-26
Time In:
Time Out:
#17

Establishment	Address	City/State	Zip Code	Telephone
D #1086 Pilot Travel	6255 E State Rd 18	Marion IN	46952	8655887488

License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
FRL-2026-0074	Pilot Travel Centers LLC	Routine	3	3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable

Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection **R**=repeat violation

	Compliance Status		COS	R
	Supervision			
1	IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		
2	IN OUT N/A N/O	Certified Food Protection Manager		
	Employee Health			
3	IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	IN OUT N/A N/O	Proper use of restriction and exclusion		
5	IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		
	Good Hygienic Practices			
6	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		
7	IN OUT N/A N/O	No discharge from eyes, nose, and mouth		
	Preventing Contamination by Hands			
8	IN OUT N/A N/O	Hands clean & properly washed		
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible	X	
	Approved Source			
11	IN OUT N/A N/O	Food obtained from approved source		
12	IN OUT N/A N/O	Food received at proper temperature		
13	IN OUT N/A N/O	Food in good condition, safe, & unadulterated		
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		
	Protection from Contamination			
15	IN OUT N/A N/O	Food separated and protected		
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		

	Compliance Status		COS	R
17	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food		
	Time/Temperature Control for Safety			
18	IN OUT N/A N/O	Proper cooking time & temperatures		
19	IN OUT N/A N/O	Proper reheating procedures for hot holding		
20	IN OUT N/A N/O	Proper cooling time and temperature		
21	IN OUT N/A N/O	Proper hot holding temperatures		
22	IN OUT N/A N/O	Proper cold holding temperatures		
23	IN OUT N/A N/O	Proper date marking and disposition		
24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records		
	Consumer Advisory			
25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food		
	Highly Susceptible Populations			
26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered		
	Food/Color Additives and Toxic Substances			
27	IN OUT N/A N/O	Food additives: approved & properly used		
28	IN OUT N/A N/O	Toxic substances properly identified, stored, & used		
	Conformance with Approved Procedures			
29	IN OUT N/A N/O	Compliance with variance/specialized process/HACCP		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

		Compliance Status	COS	R
		Safe Food and Water		
30		Pasteurized eggs used where required		
31		Water & ice from approved source		
32		Variance obtained for specialized processing methods		
		Food Temperature Control		
33		Proper cooling methods used; adequate equipment for temperature control		
34		Plant food properly cooked for hot holding		
35		Approved thawing methods used		
36		Thermometers provided & accurate		
		Food Identification		
37		Food properly labeled; original container		
		Prevention of Food Contamination		
38		Insects, rodents, & animals not present		
39		Contamination prevented during food preparation, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

		Compliance Status	COS	R
		Proper Use of Utensils		
43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single-service articles: properly stored & used		
46		Gloves used properly		
		Utensils, Equipment and Vending		
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48		Warewashing facilities: installed, maintained, & used; test strips		
49	X	Non-food contact surfaces clean		
		Physical Facilities		
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & wastewater properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature): Thomas Goodwood Date: 9-2-26

Inspector (Signature): Dean Reed FSI

Follow-up: YES (NO) (Circle one) Follow-up Date:

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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit # 2026-0074

Date 9-2-26

Establishment	Address	City/State	Zip Code	Telephone
Pilot-Flying J	6255 ST Rd 18	Marion IN	46952	—

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item
IN=in compliance **OUT**=not in compliance **N/A**=not applicable

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	Compliance Status		COS	R
57	IN OUT N/A N/O	Outdoor Food Operation		
58	IN OUT N/A N/O	Mobile Retail Food Establishment		

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.	Complete by Date:
214-PF-23	2 Sandwiches in warmer - NC labeling OR ID on it	Removed
306-49C	Under fountain machines - soiled	Today
359-PF-10	Small 11 step ladder in front of hand sink	Removed

Person In Charge (Signature) Lori Southwood Date:

Inspector (Signature) Dean Snell FSIC Date: 9-2-26

Operator Response to Inspection
State Form 80047 (2-01)

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 9/2/2026

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 9.2.26

DATE	ACTION TAKEN
9/2/2026	- Sandwich Relabeling - retrained Manager on Duty 3 deli employee on issues with Machine earlier - team meeting 9/10/2026 stickes possesse
9/2/2026	- under fountain Machines soiled - imediatly cleaned DCM 3 GSL took a part ice chest and scrubbed as well as above Splash guard. New cleaning chart/plan includes whole team in Pm. cleaning chart-
9/2/2026	- Step ladder blocking hand sink - Removed and coached team - made a designated spot.

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Dolores C Southwood Title DCM

Establishment Pilot Flying J

Address 6255 St. Rd. 18 E Marion IN. 46952

Attach additional sheets as needed.

09/03/2026 3:19PM FAX 17656730068 PILOT FLYING J 0001/0004