



**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.

<b>Establishment Name</b> Danger Dog	<b>Telephone Number</b> ( ) Establishment ( ) Owner	<b>Date of Inspection</b> (mm/dd/yr) 10/16/2021	<b>ID #</b> 27
<b>Establishment Address</b> (number and street, city, state, ZIP code) 9500 N. Wheeling Pike #3		<b>Follow-up</b> <b>Release Date</b>	
<b>Owner</b> Kurt Smith	<b>Purpose:</b> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Grain & Grills	<b>Summary of Violations:</b> C <input checked="" type="checkbox"/> NC ___ R ___	
<b>Owner's Address</b> Same			
<b>Person in Charge</b> Kurt Smith		<b>Menu Type</b> (See back of page) 1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
<b>Responsible Person's E-mail</b>			
<b>Certified Food Handler</b> Pamela Smith			

- 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
	C		Hair/Beard Guard	

<b>Received by</b> (name and title printed): Kurt Smith	<b>Inspected by</b> (name and title printed): Kyle Kellogg
<b>Received by</b> (signature): 	<b>Inspected by</b> (signature): 
<b>cc:</b>	<b>cc:</b>