



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: DMK Street Treats; Telephone Number: 765-427-2609; Date of Inspection: 8-1-19; ID #: 27; Owner: Meleita Street; Owner's Address: PO Box 165; Person in Charge: same; Certified Food Handler: Meleita Street 6/5/24; Purpose: 1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list) VIB; Follow-up: NO; Release Date: 10 days; Summary of Violations: C ___ NC ___ R ___; Menu Type: 1 ___ 2 X 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text: 'OK to sale' and '1023 check on 6-19-2019 cleared'. Includes a handwritten note '2019-460'.

Received by (name and title printed): Meleita Street; Inspected by (name and title printed): Dawn Small FSD; Received by (signature): Meleita Street; Inspected by (signature): Dawn Small FSD; cc: (blank)