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: Dollar General 17289	**Telephone Number**: 765 Establishment ( ) Owner 251-9190	**Date of Inspection** (*mm/dd/yr*): 7-30-21	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 1702 E 900 S Fairmount			
Owner: Dolgen Corp	**Purpose:** 1. Routine (circled)	**Follow-up**: NO	**Release Date**: 10 Days
Owner's Address: 100 Mission Ridge TN	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge: Gabby	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** (*See back of page*): 1 X 2___ 3___ 4___ 5___	
Certified Food Handler: N/A	7. Other (*list*) ___		

- 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

Received by (*name and title printed*): Gabrielle Faulk	Inspected by (*name and title printed*): Scott Kirkendall
Received by (*signature*): Gabrielle Faulk	Inspected by (*signature*): Scott Kirkendall FS/O

cc:	cc:	cc: