



**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 <i>Dollar General Store 18562</i>	Telephone Number (Establishment) <i>(768) 391-5755</i>	Date of Inspection (mm/dd/yr) <i>9-18-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>214 E. Delphi PK Sweetser</i>	Owner <i>Dol gen corp LLC</i>	Follow-up <i>NU</i>	Release Date <i>10 days</i>
Owner's Address <i>100 Mission Ridge TN</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C NC / R</i>	
Person in Charge <i>Tammy</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>N/A</i>			

- 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
<i>177</i>	<i>NC</i>		<i>In back stock room - Angel soft & Chex mix TP sitting directly on floor.</i>	<i>Tammy</i>

Received by (name and title printed): <i>Tammy Johnson</i>	Inspected by (name and title printed): <i>Dean Smith</i>
Received by (signature): <i>Tammy Johnson</i>	Inspected by (signature): <i>Dean Smith</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 9-18-20

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

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

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott kikendall from the Grant Co. Health Department on 9-18-20.

DATE: Action Taken:

9-18-20 Section #177, Angel Soft & Charmin were taken to the sales floor & put on shelves

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Lindsay Lawrence Title: Store Manager

Establishment Name: Dollar General

Address: 214 E. Delphi Pk. Sweetser, IN