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 SMART	**Telephone Number** (765) 998-7111 (X) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 4/12/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)*			
Owner MIKE PLONAUP	**Purpose:** 1. Routine (X) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** NO	**Release Date** 4/23/19
Owner's Address 7065 E 106th St. STE 106		**Summary of Violations:** C ~ NC 1 R —	
Person in Charge X TOM LAFFERTY			
Responsible Person's E-mail N/A		**Menu Type** *(See back of page)* 1 X 2 3 4 5	
Certified Food Handler N/A			

- 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
297	NC		THE SODA NOZZLES/DISPENSERS of BOTH MACHINES HAS BROWN RESIDUE (NEED WASHED RINSE SANITIZED, AIR DRIED EVERY 24 HRS)	TODAY
		*	TALKED ABOUT SICK employee policy *	
		*	POST CURRENT FOOD LICENSE *	

Received by (*name and title printed*): X TOM LAFFERTY -	Inspected by (*name and title printed*): Dale Cox - FSIO
Received by (*signature*): X	Inspected by (*signature*): Dallam - FSIO

cc:	cc:	cc: