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 TREE # 01285	**Telephone Number** 765 662 4915 Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 5/23/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 3166 SOUTH WESTERN AVE. MARION			
Owner DOLLAR TREE STORES INC	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 6/2/19
Owner's Address 500 VOLVO PKWY CHESAPEAKE, VA	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC 1 R___	
Person in Charge AMBER	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail N/A	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
177	NC		SEVERAL BUX'S OF FOOD IN BACK STORAGE ROOM & IN STORE SETTING DIRECTLY ON FLOOR (TO MANY BUX'S OF FOOD TO COUNT)	TODAY

Received by (*name and title printed*): * Amber Elsey	Inspected by (*name and title printed*): B Fallon FSID
Received by (*signature*): * Amber Elsey	Inspected by (*signature*): B Fallon FSID
cc:	cc:
cc:	