



**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>Donken Donuts</i>	Telephone Number <i>965 Establishment 573-6459</i>	Date of Inspection <i>9-5-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>830 N. Baldwin Ave Marion</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <i>Yes</i>	Release Date <i>10 days</i>
Owner <i>Raj Patel</i>	Summary of Violations: <i>3 NC 4 R</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Owner's Address <i>1208 Summit Ct Naperville IL</i>	Person in Charge <i>John</i>	Responsible Person's E-mail	
Certified Food Handler <i>Not ONE at this time - 60 days</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/N/C	R	Narrative	To Be Corrected By
<i>295</i>	<i>MC</i>		<i>Up front inside floor cooler is soiled on the bottom</i>	<i>Today</i>
<i>138</i>	<i>NC</i>		<i>4 employees working w/o hair restraint also guys w/o beard guards</i>	}
<i>295</i>	<i>C</i>		<i>Metal rack holding plastic lips is soiled w/ coffee beans and other debris</i>	
<i>345</i>	<i>C</i>		<i>Hand sink in back has paper in it also blue wiping cloth on side, hand sinks for washing, how to use?</i>	
<i>418</i>	<i>NC</i>		<i>Personal drinks in back sitting on metal prep table</i>	
<i>431</i>	<i>MC</i>		<i>Flooring throughout is soiled to include under racks &amp; equipment.</i>	
<i>118</i>	<i>C</i>		<i>There isn't a Certified Food Handler - Have 60 days to get one and contact GC Health Dept 705-651-2401 ext 111 on 123</i>	
			<i>Complaint partially confirmed</i>	

Received by (name and title printed) <i>John Huesten, General Manager</i>	Inspected by (name and title printed) <i>Debra Kelly BSA</i>
Received by (signature) <i>John Huesten</i>	Inspected by (signature) <i>Debra Kelly BSA</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401  
Fax 765-651-2419

DATE: 09/09/2019

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

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 9-5-19.

DATE:	Action Taken:
<u>09-05-19</u>	<u>Cleaned cooler &amp; sanitized</u>
<u>09-05-19</u>	<u>All employees given hats / made to wear</u>
<u>09-05-19</u>	<u>Cleaned metal lid holder</u>
<u>09-05-19</u>	<u>All hand sinks clean &amp; clear of paper &amp; debris.</u>
<u>09-05-19</u>	<u>All drinks thrown out / moved to designated area.</u>
<u>09-05-19</u>	<u>All floors were mopped as soon as the rush ended.</u>
<u>09-08-19</u>	<u>I, John Hueston, enrolled in Serv Safe classes.</u>

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

Name of Respondent: John Hueston Title: General Manager

Establishment Name: Dunkin Donuts

Address: 830 N Baldwin, Marion, IN, 46952