



**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 DUNKIN DONUTS	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 1-9-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 830 N BALDWIN AVE - MARION		Follow-up	Release Date 1-19-19
Owner RAJ PATEL	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. <u>Pre-Operational</u> 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C ___ NC ___ R ___	
Owner's Address 1208 SAMUEL CT NAPERVILLE IN		Menu Type (See back of page) 1 ___ 2 <u>X</u> 3 ___ 4 ___ 5 ___	
Person in Charge			
Responsible Person's E-mail MARION 3565 05 @ gmail . com			
Certified Food Handler NEED			

- 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
			CLEAN FLOORS, WALLS & CEILING TO INCLUDE EQUIPMENT	BEFORE OPEN 1-16-19
			NEED SICK EMPLOYEE POLICY FOR THIS FACILITY	}
			MENS BATHROOM SINK	
			SOAP / PAPER TOWEL DISPENSERS	
			CERTIFIED FOOD HANDLER - STATE APPROVED	
			FIRE DEPT. NEEDS OX BOX INSTALLED	
			OK BY MARION BLDG	
			OK BY MARION UTILITIES	

Received by (name and title printed): X Kelly Matherne	Inspected by (name and title printed): R Dale Carr - FSD / Dean Small
Received by (signature): Kelly Matherne	Inspected by (signature): R Dale Carr / Dean Small
cc:	cc: