



**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 765	Date of Inspection (mm/dd/yr) 7-26-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 830 N Baldwin Ave Marion	Owner 573-6459	Follow-up NO	Release Date 10 days
Owner Jay Pankullo	Purpose: <input checked="" type="checkbox"/> 1. Routine	Summary of Violations: C 1 NC 1 R 1	
Owner's Address 550 E Devon Ave IL	<input type="checkbox"/> 2. Follow-up	Menu Type (See back of page) 1 2 X 3 4 5	
Person in Charge Molly Riel	<input type="checkbox"/> 3. Complaint		
Responsible Person's E-mail _____	<input type="checkbox"/> 4. Pre-Operational		
Certified Food Handler Molly Riel Exp 3-28-2024	<input type="checkbox"/> 5. Temporary		
	<input type="checkbox"/> 6. HACCP		
	<input type="checkbox"/> 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
345	C		Hand sink in middle prep area has food debris and a dark residue in sink: Hand wash ONLY	Today
431	NC	X	Flooring in middle prep area has food debris on the floor	Today

Received by (name and title printed): Molly Riel	Inspected by (name and title printed): Scott Kikendall
Received by (signature): Molly Riel	Inspected by (signature): Scott Kikendall FS10
cc: _____	cc: _____