



**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 <b>Family Dollar Store # 31888</b>	Telephone Number <b>765 230 0442</b>	Date of Inspection (mm/dd/yr) <b>2-15-19</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>104 N Main St. Fairmont</b>	( ) Owner		
Owner <b>Family Dollar Stores of Ind</b>	Purpose: <b>1. Routine</b>	Follow-up <b>NO</b>	Release Date <b>2-25-19</b>
Owner's Address <b>SAME</b>	2. Follow-up	Summary of Violations: <b>C <u>  </u> NC <u>  </u> R <u>  </u></b>	
Person in Charge <b>GWEN BRANSDOR</b>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational	<b>1 <u>X</u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u></b>	
Certified Food Handler <b>N/A</b>	5. Temporary		
	6. HACCP		
	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
			<b>NO VIOLATIONS AT THIS INSPECTION</b>	
			<b>* DISCUSSED "SICK EMPLOYEES" policy</b>	

Received by (name and title printed): <b>N Gwendalyn Bransdor</b>	Inspected by (name and title printed): <b>R Dale Gann - FSDO</b>
Received by (signature): <b>Gwendalyn Bransdor</b>	Inspected by (signature): <b>R Dale Gann - FSDO</b>
cc:	cc: