



**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 # 23691</b>	Telephone Number <b>705-674-3305</b>	Date of Inspection <b>3-11-19</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1023 E MAIN ST. GAS CITY</b>	( ) Owner	Follow-up <b>NO</b>	Release Date <b>3-21-19</b>
Owner <b>FAMILY DOLLAR STORES OF INDIANA</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C - NCL - R -</b>	
Owner's Address <b>500 Volvo Pkwy. Chesapeake VA</b>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <b>LUCRETIA KAUSE</b>	3. Complaint	<b>1 K 2 3 4 5</b>	
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational		
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>243</b>	<b>NC</b>		<b>THE FOLLOWING SINGLE SERVICE/ SINGLE USE PRODUCTS ARE SEEING DIRECTLY ON FLOOR 1) DIXIE PLATES END OF ROW #12 2) 1-7 BOX'S OF SCOTTS, 1-4 BOX'S OF ULTRA 1/2 BAG OF TWELVE ULTRA ALL IN BACK STORAGE</b>	<b>TODAY</b>
			<b>3/13/19</b>	

Received by (name and title printed): <b>X [Signature]</b>	Inspected by (name and title printed): <b>[Signature] - FSIO</b>
Received by (signature): <b>X [Signature]</b>	Inspected by (signature): <b>[Signature] - FSIO</b>
cc:	cc: