



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.

Form with fields: Establishment Name (Family Dollar #23844), Telephone Number (165 Establishment), Date of Inspection (2-4-19), ID # (27), Establishment Address (3201 S. Adams St Marion), Owner (Family Dollar stores of IN), Purpose (1. Routine), Follow-up (none), Release Date (10 days), Person in Charge (Q'nesha Lindsey), Responsible Person's E-mail, Certified Food Handler (N/A), Summary of Violations (C NC 3 R), Menu Type (1 checked, 2, 3, 4, 5).

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains 3 rows of violations: 402 NC (smooth-clean ceilings & walls required), 430 NC (repairing premises to include sinks), 243 NC (single service items IE - cups & paper towel must be at least 6" off floor).

Received by (name and title printed): Q'nesha Lindsey
Inspected by (name and title printed): DEAN SMALL FSTR
Received by (signature): [Signature]
Inspected by (signature): [Signature]

GRANT COUNTY HEALTH DEPARTMENT

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

~~6005071683000~~

DATE: _____

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

2/14/19
MM

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 2-4-19.

DATE: _____ Action Taken: _____

402

430 / 2-4-19 / Plumber arrived later in the day and removed clog and drained water.

243 / 2-4-19 / Paper products have been raised and pop has been placed on shelves.

651- 668-

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

Name of Respondent: Q'nesha Lindsey Title: Holder Store Manager

Establishment Name: Family Dollar

Address: _____

• Attach additional sheets as needed.

765 603 2914
Hannah Petty