



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 <i>Family Dollar # 28786</i>	Telephone Number <i>765</i>	Date of Inspection <i>6-10-21</i>	ID # <i>27</i>
Establishment Address <i>321 W 3RD ST MARION</i>	Establishment <i>662-9601</i>	Owner <i>662-9601</i>	
Owner <i>Family Dollar Stores</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>500 Valley Parkway VA</i>		Summary of Violations: C ___ NC ___ R ___	
Person in Charge <i>MORGAN</i>		Menu Type (See back of page) <i>1 X 2 3 4 5</i>	
Responsible Person's E-mail <i>_____</i>			
Certified Food Handler <i>N/A</i>			

• 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
<i>431</i>	<i>NC</i>		<i>FLOORING THROUGHOUT STORE HAS A DARK OR DIRTY RESIDUE ON IT</i>	<i>Today</i>
<i>177</i>	<i>NC</i>		<i>SPARKLE Paper Towels Displayed directly on Floor in sales area to include several boxes sitting directly on Floor in Back Room: must be 6 in off Floor</i>	<i>Today</i>

Received by (name and title printed): <i>Morgan Kapela</i>	Inspected by (name and title printed): <i>Scott Hendel FS/1</i>
Received by (signature): <i>Morgan Kapela</i>	Inspected by (signature): <i>Scott Hendel FS/1</i>
cc:	cc:
cc:	cc: