



**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 5451</i>	Telephone Number <i>768</i> Establishment <i>664</i> Owner <i>7609</i>	Date of Inspection <i>8-2-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>907 E. Bradford St Marion</i>	Owner <i>Family Dollar Stores of Indiana</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>P.O. Box 1017 Charlotte NC</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C - NC 2 R -</i>	
Person in Charge <i>Greg</i>		Menu Type (See back of page) <i>1 X 2 3 4 5</i>	
Responsible Person's E-mail			
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>243</i>	<i>NC</i>		<i>Paper product and food sitting directly on floor in storage room. Storage room is A mess needs separated food and paper products</i>	<i>7 days</i>
<i>402</i>	<i>NC</i>		<i>+/- 10 ceiling tile in storage is brown is color. Needs replaced/fixed</i>	<i>10 days</i>

Received by (name and title printed): <i>Gregory Bassett</i>	Inspected by (name and title printed): <i>Dean Smith RSD</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:
cc:	cc: