



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>DGM Group, LLC.</b>	Telephone Number ( 765 ) Establishment ( 765-307-7508 ) ( ) Owner	Date of Inspection (mm/dd/yr) <b>9/20/19</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>104 E. South Blvd. Crawfordsville, IN 47933</b>		Follow-up	Release Date
Owner <b>Don Meagher</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <b>Ducktail</b>	Summary of Violations:  C ___ NC ___ R ___	
Owner's Address <b>Same</b>		Menu Type (See back of page)  1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
Person in Charge <b>Don Megher</b>			
Responsible Person's E-mail <b>dgmgroup11c@aol.com</b>			
Certified Food Handler <b>Don Meagher</b>			

- 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>No violation at this time</i>	

Received by (name and title printed): <b>Don Meagher</b>	Inspected by (name and title printed): <b>Kyle Kellogg</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: