



**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>Poppy's Xtreme Pops</b>	Telephone Number <b>769 Establishment</b>	Date of Inspection (mm/dd/yr) <b>6-11-2020</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1421 E 38th St Marion</b>	Owner <b>573-6779</b>	Follow-up <b>10 days</b>	
Owner <b>FRAN OWENS</b>	Purpose: <input checked="" type="radio"/> Routine	Release Date <b>10 days</b>	
Owner's Address <b>1000 N Euclid Ave Marion</b>	2. Follow-up	Summary of Violations: <b>C 3 NC 3 R</b>	
Person in Charge <b>Robert Owen</b>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail	4. Pre-Operational	<b>1 X 2 3 4 5</b>	
Certified Food Handler <b>FRAN OWENS exp 2024</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
295	NC		Following "Non Contact" Food Items is soiled with dried food debris ect. 1) Cabinets under hand sink 2) Inside beverage cooler to included inside of fridge	Today
296	C		Spatula laying on top of containers being used to Ice pops in prep area	
295	C		The following food contact items is soiled 1) Metal Pans sitting in sink stored as clean 2) Inside of Ice Machine door	
431	NC		Flooring through out is soiled	* face mask
345	C		Hand sink with debris in it	* to be worn by employees
245	NC		+/-3 wet wiping cloths laying out on counters	* July 4th

Received by (name and title printed): <b>ROBERT B OWENS</b>	Inspected by (name and title printed): <b>Scott Kikandall / New South Pops</b>
Received by (signature): <b>Robert B Owen</b>	Inspected by (signature): <b>Scott Kikandall / New South Pops</b>
cc:	cc:

## GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: 6/19/2020

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

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 6-11-2020.

DATE:

Action Taken:

- 6/11/20: 1. Cabinets beneath hand sink cleansed - staff instructed to do so throughout day  
2. Beverage cooler emptied and cleansed - added to daily duty list  
3. Spatula removed from atop icing container - instructed to remove after each use.  
4. Metal trays removed from 3 bay sink - re-washed & stored on carts away from flour & powdered sugar area.  
5. Ice chest emptied & sanitized - including inside window & added to duty list daily.  
6. flooring swept & mopped daily as usual by cleaning crew with reminder to move buckets or items daily during routine.  
7. Items removed from hand sink & staff instructed area is exclusive to hand washing

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

Name of Respondent: Frank Quave Title: Owner / Gen manager

Establishment Name: Poppy Xtreme Donuts

Address: 1421 E 38th St, Marion IN 46953

See page #2 attached

Pg # 2

6/11/20:

8. Wet wiping cloths removed from counters and staff reminded they are not permitted to lay around during shift.

9. Face masks purchased & dispersed to every employee on this date - instructed on daily use until 7/4/20 deadline.