



**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>Poppys Xtreme Donuts</i>	Telephone Number ( <i>704</i> ) Establishment ( <i>573</i> ) Owner <i>6779</i>	Date of Inspection (mm/dd/yr) <i>10/3/21</i>	ID # <i>29</i>
Establishment Address (number and street, city, state, ZIP code) <i>1421 E 38th St Marion</i>	Owner <i>Robert &amp; Fran Owens</i>	Purpose: 1. <u>Routine</u> 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>1070 Euclid</i>	Person in Charge <i>Clarence</i>	Summary of Violations: <i>C 1 NC 3 R 1</i>	
Responsible Person's E-mail <i>_____</i>	Certified Food Handler <i>Fran Owens</i>	Menu Type (See back of page) <i>1/2 3 4 5</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>2951</i>	<i>MC</i>		<i>Following Non Food Contact items is soiled w/ dated frosting - 1) 3 urinals on inside 2) outside of microwave 3) outside of coffee machine 4) Fan blades Above Fryer</i>	<i>Today</i>
<i>345</i>	<i>C</i>		<i>Handwashing sink on back &amp; up front soiled w/ dated frosting</i>	
<i>245</i>	<i>MC</i>		<i>Wet mopping cloths laying around (3)</i>	
<i>431</i>	<i>NC</i>	<i>X</i>	<i>Plowing through out is soiled</i>	
<i>402</i>	<i>NC</i>		<i>Ceiling lights / plastic shields has many dead bugs</i>	

Received by (name and title printed): <i>Clarence C Cola</i>	Inspected by (name and title printed): <i>Scott Kendall</i>
Received by (signature): <i>Clarence C Cola</i>	Inspected by (signature): <i>Scott Kendall</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 10/13/21

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 10-4-21.

- DATE: 10/13/21      Action Taken:
- #2951 - Areas of concern cleaned - instructed staff on importance of ongoing cleaning @ end of shift.
  - #345 - Hand washing sinks cleaned thoroughly - staff + maintenance crew reminded of importance ea shift.
  - #245 - cloths removed - staff reminded
  - #431 - Flooring is cleaned + disinfected prior to 4am daily - staff reminded of continued attendance to this throughout day
  - #402 - Had started process of removing light covers + cleaning inside - this has been completed

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

Name of Respondent: Fran Owens Title: Gen manager/owner  
 Establishment Name: Poppy Xtreme Donuts  
 Address: 1421 E 38th St. Marion, IN 46953