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 T'S [illegible]'s Mini Donuts	**Telephone Number** ( ) Establishment 615-473-2540 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9-24-20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 219 E. Main Street Dowelltown, TN 37059			
Owner Troy Varney	**Purpose:** 1. Routine 2. ~~Follow-up~~ 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* ~~Ducktail~~	**Follow-up** NO	**Release Date** 10/01/5
Owner's Address Same		**Summary of Violations:** C___ NC___ R___	
Person in Charge Tony Varney		**Menu Type** *(See back of page)* 1 X 2 3 4 5	
Responsible Person's E-mail Tvarney50@gmail.com			
Certified Food Handler			

- 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
			No violations on this inspection	

Received by ~~(name and title printed)~~: Troy Varney Owner	Inspected by (*name and title printed*): Scott K Kendall
Received by (*signature*): Troy Varney	Inspected by (*signature*): Scott Kendall REHS
cc:	cc:
cc:	