

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.

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Establishment Name Dellar Smont	Telephone Number Date of Inspection (mny dd/yr) Establishment
Establishment Address (number and street, city, state, ZIP,code)	(998 vnej 11 /6-7-18 27
Owner Oll	Purpose: Follow-up Release Date
Owner's Address	1. Routine 2. Follow-up Summary of Violations:
1965 B 106 8 Fishers	3. Complaint
Person in Charge TABBAN MBU	5 Tompovovi
Responsible Person's E-mail	6. HACCP Menu Type (See back of page)
Certified Food Handler The bash May Eyo 2-2023	7. Other (list) 1 2 3 4 5
OCRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"
	ED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"
Section# C/NC R	To Be Corrected By
298 MC Proside Microwine on Soiled on 128 de	y trentam MAChine TOUR
Cilalan Fast	
Solved on I was	
·	
	·
Received by (name and title printed):	Inspected by (name and title printed):
Received by (signature):	
Toble /	Inspected by (signature):
cc: cc:	се:

Operator Inspection Ke State Form 80047 (2-01	sconse)
	GRANT COUNTY HEALTH DEPARTMENT
Phone 765-651-2401 Fax 765-651-2419	DATE: 10-10-18
Grant County He 401 S. Adams St Marion, IN. 4695	alth Department 3
	nse to the Inspection report executed by the Grant 2o. Health Department Food Safety Officer <u>Dale</u> the Grant Co. Health Department on <u>10-9-16</u> .
DATE: 10-9-18	Action Taken: Toolde of Microware was geared,
:	
	NARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).
Nome of Pasnonden	/ Labatha May Title: Director
Establishment Name	Dollar & Mart
Address: 50	East Berry
Attach addit	onal sheets as needed.

DMT-UPLAND

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