

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 11/19 1000

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 Family Dollar Stare, 545/	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) ID #
Establishment Address (number and street, city, state, ZIP code)	(ble) (when the o)	12-14-10 27
907 & BROSTORS S Margion		12 17/1 01
Framily Dollar Sores of Fredrams	Purpose:	Follow-up Release Date
Owner's Addless	1. Routine	- 10 Jays
Por Box 1017 Charlotte NC	2. Follow-up	Summary of Violations:
Person in Charge	3. Complaint	$C = NC \stackrel{?}{=} R =$
Angely Corres	4. Pre-Operational	CNC R
Responsible Person's E-mail	- 5. Temporary	Menu Type (See back of page)
N/N	6. HACCP	Menu Type (See back by page)
Certified Food Handler	7. Other (list)	1 2 3 4 5
Continued Total Manual		1//2345
• 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
43/ NC Pluoring through out & und Soiled on Stained	en Coopens ese	2 Tolong
Sofiled on Started		
The state of the s		
	P. Pilla y J.	
243 MC Chromin TP and other paper products Tolong Siffing directly on floor-must be 6" on higher		
Sitting directly my floor-must be lo on higher		
Received by (name and title printed): Inspected by (name and title printed):		
TYPELA CONTEA DEPARTMENT PAR		
Received by (signature) Inspected by (signature):		
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