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 NNSD NC DBA Dairy Queen	**Telephone Number** (765) Establishment ( ) Owner 1662-3222	**Date of Inspection** (*mm/dd/yr*) 3-20-23	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1206 S. Baldwin Ave	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** NO	**Release Date** 10 days
Owner Nader Dawood		**Summary of Violations:** C 1 NC 1 R —	
Owner's Address Carmel IN		**Menu Type** (*See back of page*) 1 2 3 4 5	
Person in Charge Cindy			
Responsible Person's E-mail			
Certified Food Handler Kayer Little exp 2027			

- 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	C		Above fry warmer next to fryer. Dried food	Today
29C	NC		Side of fryer & behind grease - To metal metal chart next to fryer,	

Received by (*name and title printed*): Cynthia Hill

Received by (*signature*): Cynthia Hill

Inspected by (*name and title printed*): Dena Fuqua PSA

Inspected by (*signature*): Dena Fuqua PSA

cc: | cc: | cc:

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 03-24-2023

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 3-20-23.

DATE: Action Taken:

03-23-2023
ALL Clean

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

Name of Respondent: nader dawood Title: 03-24-2023

Establishment Name: Dairy Queen

Address: 120 S Baldwin Avenue MARION IN 46953

Attach additional sheets as needed.