



**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>Dollar General 19589</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>1-24-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>807 S. MAIN ST UPLAND</i>		Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Dolgen Corp LLC</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C - NC 2 R -</i>	
Owner's Address <i>100 Mission Ridge</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in Charge <i>Buehel</i>			
Responsible Person's E-mail			
Certified Food Handler <i>N/A</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>431</i>	<i>NC</i>		<i>Placing hats trash in isles</i>	<i>Today</i>	
<i>243</i>	<i>NC</i>		<i>Form plates directly on floor - must be 6" up</i>	<i>[Large bracket indicating correction period]</i>	

Received by (name and title printed): <i>Rachel Thompson</i>	Inspected by (name and title printed): <i>Dean Smith</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: