



**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>Punkin Donuts</i>	Telephone Number <i>765</i> Establishment <i>573-6459</i> Owner	Date of Inspection (mm/dd/yr) <i>3-8-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>830 N Baldwin Ave Marion IL</i>	Purpose: 1. <input checked="" type="checkbox"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <i>no</i>	Release Date <i>10 days</i>
Owner <i>Jay Pankolliv</i>	Summary of Violations: <i>c 1 NCL R</i>	Menu Type (See back of page) <i>1 2X 3 4 5</i>	
Owner's Address <i>550 E Devon Ave Ste 180 IL</i>			
Person in Charge <i>Jennifer</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Jennifer Miles Exp 10-2024</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/N/C	R	Narrative	To Be Corrected By
<i>345</i>	<i>C</i>		<i>Hand Sink in front serving area has a dark residue from dumping food in it</i>	<i>Today</i>
<i>431</i>	<i>NCL</i>		<i>Flooring under prep area in back room has food debris to include storage racks in back room</i>	

Received by (name and title printed): <i>Jennifer Miles</i>	Inspected by (name and title printed): <i>Scott Kikendall</i>
Received by (signature): <i>Jennifer Miles</i>	Inspected by (signature): <i>Scott Kikendall FSO</i>
cc:	cc: