



**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>Family Dollar #23691</i>	Telephone Number () Establishment <i>765</i> () Owner <i>674-3305</i>	Date of Inspection (mm/dd/yr) <i>2-2-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1023 E Main St Gns Gls</i>		Follow-up <i>NO</i>	
Owner <i>Family Dollar Stores of IN LLC</i>		Release Date <i>10 days</i>	
Owner's Address <i>500 Volvo Parkway Vt</i>		Summary of Violations: <i>C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/></i>	
Person in Charge <i>Breanna</i>		Menu Type (See back of page) <i>1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></i>	
Responsible Person's E-mail 			
Certified Food Handler 			

- 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>- No violations -</i>	

Received by (name and title printed): <i>Breanna Cummings</i>	Inspected by (name and title printed): <i>Dean Sny</i>
Received by (signature): <i>Breanna Cummings</i>	Inspected by (signature): <i>Dean Sny</i>
cc:	cc: