



**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>Poppy's Donuts</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>4-28-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1421 E 38th St</i>		Follow-up <i>10 days</i>	Release Date
Owner <i>Pat Hilton</i>	Purpose: 1. Routine 2. Follow-up <i>from</i> 3. Complaint <i>4/19-23</i> 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C2 NC 2 R /</i>	
Owner's Address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in Charge <i>Brittany</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Brittany</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>415</i>	<i>C</i>	<input checked="" type="checkbox"/>	<i>Fruit Pies throughout</i>	
<i>413</i>	<i>C</i>		<i>Back Door open - Need a solid self-closing door that shuts</i>	
<i>295</i>	<i>NC</i>		<i>following Non "Food" Contact items is soiled.</i>	
			<i>1) Donut RACKS</i>	
			<i>2) Under microwave</i>	
<i>345</i>	<i>C</i>	<input checked="" type="checkbox"/>		
<i>179</i>	<i>NC</i>		<i>Glass Donut case has gaps in front - must be repaired to prevent contamination</i>	<i>10 days</i>

Received by (name and title printed): <i>Brittany Dillingham</i>	Inspected by (name and title printed): <i>Dawn Supell</i>
Received by (signature): <i>Brittany Dillingham</i>	Inspected by (signature): <i>Dawn Supell</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 4-25-23

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 4-25-23.

DATE:	Action Taken:
<u>4-25-23</u>	<u>Pest Control Reports sent</u>
<u>4-25-23</u>	<u>Slider to be purchased for door to self close</u>
<u>4-25-23</u>	<u>Sanitation was informed to clean under microwave and racks.</u>
<u>4-25-23</u>	<u>Gaps have been filled with clear tape.</u>

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

Name of Respondent: Brittany Dillingham Title: GM
Establishment Name: Poppy's Xtreme Donuts
Address: 1421 E 38th St.