



**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>Poppys Xtreme Donuts</i>	Telephone Number <i>76</i> Establishment () Owner	Date of Inspection (mm/dd/yr) <i>2-7-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1421 E 38th St</i>		Follow-up <i>Yes</i>	Release Date <i>10 days</i>
Owner <i>Pat Hilton</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 2 NC 3 R 2</i>	
Owner's Address <i>2691 E W30 Warsaw</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in Charge <i>Brittany / Brandon</i>			
Responsible Person's E-mail			
Certified Food Handler <i>2 enrolled for 2-28-23</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>X</i>	<i>Flooring through out to include under equipment</i>	<i>Today</i>
<i>415</i>	<i>C</i>	<i>X</i>	<i>Beet flies in & around donut case</i>	
<i>399</i>	<i>NC</i>	<i>X</i>	<i>Ceiling tile through out store soiled & black in color</i>	
<i>324</i>	<i>C</i>		<i>Plumbing shall be fixed/repaired at hand sink by down up window</i>	<i>ASAP</i>
<i>295</i> <i>298</i>	<i>C</i> <i>NC</i>		<i>Inside & top of microwave is soiled w/ dried food debris</i>	

Received by (name and title printed): <i>Brittany Dillingham GM</i>	Inspected by (name and title printed): <i>Dean Smith ASH</i>
Received by (signature): <i>Brittany Dillingham GM</i>	Inspected by (signature): <i>Dean Smith ASH</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 2-7-23

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 2-7-23.

DATE:	Action Taken:
<u>2-7-23</u>	<u>Microwave cleaned and employees retrained on procedures</u>
<u>2-7-23</u>	<u>Floor was cleaned and employees were retrained on continuous cleaning</u>
<u>2-7-23</u>	<u>Traps were set for fruit flies and pest service was called</u>
<u>2-7-23</u>	<u>Ceiling tiles are going to be replaced</u>
<u>2-7-23</u>	<u>Plumber was called to complete repairs</u>

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

Name of Respondent: Brittany Dillingham Title: general ~~manager~~ manager
Establishment Name: Poppy's Xtreme Donuts
Address: 1421 E 38th St. Marion, IN 46952