



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

State Form 48669 (R2/2-05)  
SDH Form 51-0001

BLACKFORD CO HEALTH DEPT  
506 E. VAN CLEVE  
HARTFORD CITY, IN 47348  
(765) 348-4317

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 <b>DOLLAR GENERAL STORE # 2157</b>		Telephone Number <b>(765) 303-3962</b>	Date of Inspection <b>4/13/22</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>122 SOUTH MAIN ST. MONTPELIER</b>		( ) Owner		
Owner <b>DOLGEN CORP</b>	Purpose: <input checked="" type="radio"/> 1. Routine	Follow-up <b>NO</b>	Release Date <b>4/23/22</b>	
Owner's Address <b>100 MISSION RIDGE GOODLETTSVILLE</b>	<input type="radio"/> 2. Follow-up	Summary of Violations: <b>C 0 NC 3 R 1</b>		
Person in Charge <b>Tearah Speece</b>	<input type="radio"/> 3. Complaint			
Responsible Person's E-mail <b>N/A</b>	<input type="radio"/> 4. Pre-Operational	Menu Type (See back of page)		
Certified Food Handler <b>N/A</b>	<input type="radio"/> 5. Temporary	<b>1 X 2 3 4 5</b>		
	<input type="radio"/> 6. HACCP			
	<input type="radio"/> 7. Other (list)			

- 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
295	NC	✓	THE FOLLOWING TRUE COOLERS ARE SOILED WITH DEBRIS (IE MILK, OTHER DEBRIS) 1) DAIRY REFRIGERATION UNIT (FRESH FOOD) LOCATED ALONG (N) WALL ALSO RACKS HOLDING PLASTIC / CAN DRINKS, TO INCLUDE DAIRY COOLER IN BACK STORAGE ROOM, THIS IS THE SECOND INSPECTION WITH THIS ISSUE.	ASAP
413	NC		THE BACK DOOR IS OPEN TO OUTSIDE NEEDS TO BE CLOSED	TODAY Corrected
431	NC		FLOOR THROUGHOUT THIS FACILITY IS DIRTY AND HAS DEBRIS ON FLOOR (IE. STICKERS, PAPER, CLOTHS.)	TODAY
			* THIS FACILITY NEEDS TO POST INSPECTION SIGNS	
			* THIS FACILITY NEEDS NO SMOKING SIGNS POSTED	

Received by (name and title printed): <b>a Tearah Speece</b>	Inspected by (name and title printed): <b>R Dale Carr. FSDO/EHS</b>
Received by (signature): <b>Tearah Speece</b>	Inspected by (signature): <b>R Dale Carr FSDO/EHS</b>
cc:	cc: