



**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>Dorey's Diner #535</i>	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) <i>1-22-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4969 Bloomington, IN</i>	() Owner	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Patrick O'Neil</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>3 NC 2 R</i>	
Owner's Address <i>Same</i>		Menu Type (See back of page) <i>1 2X 3 4 5</i>	
Person in Charge <i>Joseph</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Joseph Kidwell 15:6/11/22</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
430	NC		3+ Missing ceiling tiles - <i>replaced</i>	<i>KAP</i>
295	C		Can Opener blade & base sealed - <i>needs cleaned</i>	<i>Today</i>
345	C		Hand sinks are exposed and dirty - <i>needs cleaned</i>	
191	C		Date marking - no dates/labels on product in cooler	
295	NC		The following high touch contact items need cleaned - has dry food debris 1) pasta shelves to include 2) sides of tables 3) under cooler - freezer doors sealed with foam	

Received by (name and title printed): <i>Joseph Kidwell General Manager</i>	Inspected by (name and title printed): <i>Angela R. Gallum</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: