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: Dairy Queen	**Telephone Number** ( ) Establishment ( ) Owner: 662-3822	**Date of Inspection** (*mm/dd/yr*): 4/2/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 1204 S Baldwin Ave Marion			
Owner: Nadar Dawood	**Purpose:** 1. Routine (circled)	**Follow-up**: NO	**Release Date**: 10days
Owner's Address: Carmel, In	2. Follow-up	**Summary of Violations:**	
Person in Charge: NADAR	3. Complaint	C – NC 1 R 1	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Kyra Little 7-18-24	5. Temporary 6. HACCP 7. Other (*list*) _____	1 2 X 3 4 5	

- 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
310	NC	✓	HVAC Vents in Dining Room to include Vents above Ice Cream Machine soiled with Dust	Today

Received by (*name and title printed*): nader dowood	Inspected by (*name and title printed*): April Legare FS10
Received by (*signature*): Nader Dowood	Inspected by (*signature*): April Legare
cc:	cc:
cc:	