



**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>Dairy Queen</i>	Telephone Number <i>765</i> Establishment <i>573-6420</i> Owner	Date of Inspection (mm/dd/yr) <i>2-24-22</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4696 Star DR Gas City</i>	Owner <i>Patrick O'Neil</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>2085 W Hwy 421 Delphi</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C - NC 2 R -</i>	
Person in Charge <i>AJ Kidwell</i>	2. Follow-up	Menu Type (See back of page) <i>1 2X 3 4 5</i>	
Responsible Person's E-mail	3. Complaint		
Certified Food Handler <i>AJ Kidwell Exp</i>	4. Pre-Operational		
	5. Temporary		
	6. HACCP		
	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/N/C	R	Narrative	To Be Corrected By
<i>295</i>	<i>NC</i>		<i>The Following Non Food Contact Items Today are soiled with Food debris</i>	
			<i>1) Cooler under Toppings area on West Side</i>	
			<i>2) Shelving and metal pan under French Fry Holder</i>	
<i>298</i>	<i>NC</i>		<i>Microwave on South Side of Kitchen has food debris on inside</i>	

Received by (name and title printed): <i>Joseph Kidwell (General Manager)</i>	Inspected by (name and title printed): <i>Scott Kendall</i>
Received by (signature): 	Inspected by (signature):
cc:	cc: