# 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** Dollar General Store # 22835 | **Telephone Number** ( ) Establishment 615 ( ) Owner 855-4000 | **Date of Inspection** *(mm/dd/yr)* 10/1/24 | **ID #** 27 |
| **Establishment Address** *(number and street, city, state, ZIP code)* 2635 So. 800 W. Shelbyville | | | |
| **Owner** Dolgen Corp. LLC. | **Purpose:** 1. Routine | **Follow-up** NO | **Release Date** 10 Days |
| **Owner's Address** Goodlettsville, TN | 2. Follow-up | **Summary of Violations:** | |
| **Person in Charge** Christine | 3. Complaint | C___ NC___ R___ | |
| **Responsible Person's E-mail** | 4. Pre-Operational | | |
| **Certified Food Handler** N/A | 5. Temporary | **Menu Type** *(See back of page)* | |
| | 6. HACCP | 1___ 2_X_ 3___ 4___ 5___ | |
| | 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 |
|---|---|---|---|---|
| | | | No Violations | |

Received by (*name and title printed*):

Inspected by (*name and title printed*): Angela R. McCallum

Received by (*signature*): Christine Kuppel

Inspected by (*signature*): Angela R. McCallum FDC

cc: Christine Kuppel

cc:

cc: