



**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 <u>Dollar Tree #01285</u>	Telephone Number () 765	Date of Inspection (mm/dd/yr) <u>4/7/23</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>3166 So, Western Ave, Maine 04550-4460</u>	Owner <u>Dollar Tree Stores, INC.</u>	Follow-up <u>NO</u>	Release Date <u>10 Days</u>
Owner <u>None</u>	Purpose: <ul style="list-style-type: none"><input checked="" type="radio"/> 1. Routine<input type="radio"/> 2. Follow-up<input type="radio"/> 3. Complaint<input type="radio"/> 4. Pre-Operational<input type="radio"/> 5. Temporary<input type="radio"/> 6. HACCP<input type="radio"/> 7. Other (list) <u> </u>	Summary of Violations: <u>C NC R</u>	
Owner's Address <u>None</u>		Menu Type (See back of page) <u>1 X 2 3 4 5</u>	
Person in Charge <u>Jacob</u>			
Responsible Person's E-mail <u> </u>			
Certified Food Handler <u>N/A</u>			

- 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
431	NC		<p>floor tiles Chipped/cracked/ Trip hazard</p> <p>- need to be replaced</p> <p>- throughout store -</p>	30 days
409	NC		<p>+/- 7 ceiling tiles brown in color</p> <p>to include 3 HVAC vent tiles</p> <p>dust on them - tiles cleaned or replaced</p>	

Received by (name and title printed):

Inspected by (name and title printed):

Jacob C.

Impacted by

66

cc:

cc.