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 Tree #1288	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 3/12/24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 3166 S Western Ave			
Owner Dollar Tree Inc	**Purpose:** 1. Routine	**Follow-up** NY	**Release Date** 10 days
Owner's Address VA	2. Follow-up 3. Complaint	**Summary of Violations:** C— NC 1 R 1	
Person in Charge Pam	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)* 1 X 2 3 4 5	
Certified Food Handler N/A	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
409	NC	R	Center of store - +/- 6 ceiling tiles are brown from moisture (Roof leak?)	

Received by (*name and title printed*): Pam Titus	Inspected by (*name and title printed*): Dean Grant
Received by (*signature*): Pam Titus	Inspected by (*signature*): Dean Grant BSB

cc:	cc:	cc: