



RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

10 days

Date 5-27-26

No. of Risk Factor/Intervention Violations

1

Time In

Time Out

No. of Repeat Risk Factor/Intervention Violations

1

Establishment

Dollar Tree # 08967

Address

1129 N Baldwin Ave

City/State

Maxim IN

Zip Code

46952

Telephone

License/Permit #

2026-0130

Permit Holder

Dollar Tree Stores Inc

Purpose of Inspection

Routine

Est. Type

1

Risk Category

1

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

Compliance Status

COS R

Supervision

1 IN OUT N/A N/O Person in charge present, demonstrates knowledge, and performs duties

2 IN OUT N/A N/O Certified Food Protection Manager

Employee Health

3 IN OUT N/A N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting

4 IN OUT N/A N/O Proper use of restriction and exclusion

5 IN OUT N/A N/O Procedures for responding to vomiting and diarrheal events

Good Hygienic Practices

6 IN OUT N/A N/O Proper eating, tasting, drinking, or tobacco products use

7 IN OUT N/A N/O No discharge from eyes, nose, and mouth

Preventing Contamination by Hands

8 IN OUT N/A N/O Hands clean & properly washed

9 IN OUT N/A N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed

10 IN OUT N/A N/O Adequate handwashing sinks properly supplied and accessible

Approved Source

11 IN OUT N/A N/O Food obtained from approved source

12 IN OUT N/A N/O Food received at proper temperature

13 IN OUT N/A N/O Food in good condition, safe, & unadulterated

14 IN OUT N/A N/O Required records available: molluscan shellfish identification, parasite destruction

Protection from Contamination

15 IN OUT N/A N/O Food separated and protected

16 IN OUT N/A N/O Food-contact surfaces; cleaned & sanitized

Compliance Status

COS R

17 IN OUT N/A N/O Proper disposition of returned, previously served, reconditioned & unsafe food

Time/Temperature Control for Safety

18 IN OUT N/A N/O Proper cooking time & temperatures

19 IN OUT N/A N/O Proper reheating procedures for hot holding

20 IN OUT N/A N/O Proper cooling time and temperature

21 IN OUT N/A N/O Proper hot holding temperatures

22 IN OUT N/A N/O Proper cold holding temperatures

23 IN OUT N/A N/O Proper date marking and disposition

24 IN OUT N/A N/O Time as a Public Health Control; procedures & records

Consumer Advisory

25 IN OUT N/A N/O Consumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26 IN OUT N/A N/O Pasteurized foods used; prohibited foods not offered

Food/Color Additives and Toxic Substances

27 IN OUT N/A N/O Food additives: approved & properly used

28 IN OUT N/A N/O Toxic substances properly identified, stored, & used

Conformance with Approved Procedures

29 IN OUT N/A N/O Compliance with variance/specialized process/HACCP

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

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R=repeat violation

Compliance Status

COS R

Safe Food and Water

30 Pasteurized eggs used where required

31 Water & ice from approved source

32 Variance obtained for specialized processing methods

Food Temperature Control

33 Proper cooling methods used; adequate equipment for temperature control

34 Plant food properly cooked for hot holding

35 Approved thawing methods used

36 Thermometers provided & accurate

Food Identification

37 Food properly labeled; original container

Prevention of Food Contamination

38 Insects, rodents, & animals not present

39 Contamination prevented during food preparation, storage & display

40 Personal cleanliness

41 Wiping cloths: properly used & stored

42 Washing fruits & vegetables

Compliance Status

COS R

Proper Use of Utensils

43 In-use utensils: properly stored

44 Utensils, equipment & linens: properly stored, dried, & handled

45 Single-use/single-service articles: properly stored & used

46 Gloves used properly

Utensils, Equipment and Vending

47 Food & non-food contact surfaces cleanable, properly designed, constructed, & used

48 Warewashing facilities: installed, maintained, & used; test strips

49 Non-food contact surfaces clean

Physical Facilities

50 Hot & cold water available; adequate pressure

51 Plumbing installed; proper backflow devices

52 Sewage & wastewater properly disposed

53 Toilet facilities: properly constructed, supplied, & cleaned

54 Garbage & refuse properly disposed; facilities maintained

55 X Physical facilities installed, maintained, & clean

56 Adequate ventilation & lighting; designated areas used

Person In Charge (Signature)

D. D. B.

Date:

5-27-26

Inspector (Signature)

D. D. B. Snelld RSTO

Follow-up: YES (NO) (Circle one)

Follow-up Date:

5-27-2026

Date

Establishment	Address	City/State	Zip Code	Telephone
Dollar Tree 08967	1179 N Baldwins Ave	Marion In	46952	

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/A=not applicable

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COS=corrected on-site during inspection R=repeat violation

Compliance Status			COS	R	Compliance Status			COS	R
57	IN OUT N/A N/O	Outdoor Food Operation			58	IN OUT N/A N/O	Mobile Retail Food Establishment		

TEMPERATURE OBSERVATIONS

[illegible]

OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

Person In Charge (Signature) <i>D. B. [Signature]</i>	Date:
Inspector (Signature) <i>Dean Smell</i> <i>FCF</i>	Date: <i>5-27-26</i>