



**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 Dollie General #19589	Telephone Number 765 Establishment '998 3128	Date of Inspection (mm/dd/yr) 2-24-22	ID # 29
Establishment Address (number and street, city, state, ZIP code) 807 S Main St Upland		Follow-up NO	Release Date 10 days
Owner Dolgen Corp LLC	Purpose: 1. Routine	Summary of Violations:	
Owner's Address 100 Mission Ridge	2. Follow-up	C ___ NC ___ R ___	
Person in Charge Brittany	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail	4. Pre-Operational	1 <input checked="" type="checkbox"/> 2 ___ 3 ___ 4 ___ 5 ___	
Certified Food Handler N/A	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/NC	R	Narrative	To Be Corrected By
			No violations	

Received by (name and title printed): Brittany Cummings	Inspected by (name and title printed): Drew Smith Pet
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: