# 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 # 8967 | **Telephone Number**: (765) Establishment; (574) 575-0573 Owner | **Date of Inspection** (*mm/dd/yr*): 2-28-22 | **ID #**: 27 |
| **Establishment Address** (*number and street, city, state, ZIP code*): 1129 N Baldwin Ave Marion | | | |
| **Owner**: Dollar Trees Stores Inc | **Purpose:** 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____ | **Follow-up**: No | **Release Date**: 10 days |
| **Owner's Address**: 500 Volvo Parkway VA | | **Summary of Violations:** C___ NC___ R___ | |
| **Person in Charge**: ~~Amber~~ Amber VA | | | |
| **Responsible Person's E-mail**: — | | **Menu Type** (*See back of page*): 1 X 2 3 4 5 | |
| **Certified Food Handler**: N/A | | | |

- 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*): Amber Elsey | Inspected by (*name and title printed*): Scott Kilendall |
| Received by (*signature*): Amber Elsey | Inspected by (*signature*): Scott Kilendall FSO |
| cc: | cc: |
| | cc: |