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: DUNKIN DONUTS	**Telephone Number** (~~Tel~~) Establishment 369 ( ) Owner 738-9624	**Date of Inspection** *(mm/dd/yr)*: 3-13-20	**ID #**: 27
Establishment Address *(number and street, city, state, ZIP code)*: 830 N Baldwin Ave Marion			
Owner: J Punukolly & Vimal Patel	**Purpose:** 1. Routine	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: Ithaca IL	2. Follow-up	**Summary of Violations:**	
Person in Charge: Molly Riel	3. Complaint	C 1 NC 2 R —	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** *(See back of page)*	
Certified Food Handler: Molly Riel exp 3/2024	5. Temporary 6. HACCP 7. Other (*list*)	1 2 X 3 4 5	

- 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
129	C		Observed 2 employees wearing gloves changing task w/ gloves touching food	Today
431	NC		Flooring throughout - up front dark residue in corners and in back under metal racks etc.	Today
295	NC	1)	The following "Non food" contact items is soiled - Top of sugar bin	
		2)	In hot aisle plastic caddies holding plastic ware	

Received by (*name and title printed*): Molly Riel

Received by (*signature*): Molly Riel

Inspected by (*name and title printed*): Dawn Sunderland FSTD

Inspected by (*signature*): Dawn Sunderland FSTD

cc: | cc: | cc: