



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 <i>Family Dollar Store # 23844</i>	Telephone Number (710) Establishment (513) Owner 2082	Date of Inspection (mm/dd/yr) 5-22-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) <i>3201 5 Adams St.</i>			
Owner <i>Family Dollar Stores of Lubbock</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) <hr/>	Follow-up <i>NO</i>	Release Date <i>90 days</i>
Owner's Address <i>VA</i>	Summary of Violations: <i>P pp 102</i>		
Person in Charge <i>Chery</i>	Menu Type (See back of page)		
Responsible Person's E-mail <hr/>			
Certified Food Handler <i>N/A</i>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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"

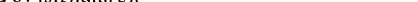
Received by (name and title printed):

Christopher Lawrence

~~Inspected by (name and title printed):~~

Inspected by (name and signature):
Debra S. Jones

Received by (signature):

Received by (Signature): 

Inspected by (signature):

inspected by (signature): 

CC.1

CC*

CC