



**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 23691</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>6-29-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1023 E Main St Gas City</i>	Owner <i>(674) 3305</i>		
Owner <i>Family Dollar Stores LLC</i>	Purpose: <u>1. Routine</u>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Chesapeake VA</i>	2. Follow-up	Summary of Violations: <i>C <u> </u> NC <u> </u> R <u> </u></i>	
Person in Charge <i>Angie Correa</i>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <i>N/A</i>	5. Temporary	<i>1 X 2 3 4 5</i>	
	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
			<i>No violations on this inspection</i>	

Received by (name and title printed): <i>Angela Correa Store Manager</i>	Inspected by (name and title printed): <i>Scott Keenan / Deputy Sheriff</i>
Received by (signature): <i>Angela Correa</i>	Inspected by (signature): <i>Scott Keenan / Deputy Sheriff</i>
cc:	cc: