



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>McDonald's - of doves</i>	Telephone Number () 763-6625 Establishment Owner	Date of Inspection (mm/dd/yr) <i>7/31/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>258 Upper Ditch Rd., Marion</i>			
Owner <i>Di Michele Enterprises</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>1</i>	Follow-up <i>NO</i>	Release Date <i>NO Date</i>
Owner's Address <i>same</i>	Summary of Violations: <i>P-F-C</i>		
Person in Charge <i>Quinty</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i>quinty@do</i>			
Certified Food Handler <i>Quinty</i>	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
	11/15/22		

- 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):

Received by (name and title printed):
Quitey Haley
Received by (signature):
Quitey Haley
cc:

Inspected by (name and title printed):

Inspected by (name and title printed)
Inspected by (signature)
cc:

Received by (signature):

Received by (signature):
Quintay, Halep
cc:

Inspected by (signature)

cc: 

CC:

CC7

CC