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	Telephone Number	Date of Inspection (mm/dd/yr)	ID #
Dairy Queen	(765) Establishment	7-12-24	27
Establishment Address (number and street, city, state, ZIP code) 4969 Sloan Dr Gas City	(573) 6895 Owner		

Owner	Purpose:	Follow-up	Release Date
Patrick O'Neil	1. Routine		10 day
Owner's Address Delphi IN	2. Follow-up	Summary of Violations:	
	3. Complaint	C / NC / R	
Person in Charge Joseph	4. Pre-Operational		
	5. Temporary	Menu Type (See back of page)	
Responsible Person's E-mail	6. HACCP		
	7. Other (list)	1 __ 2 __ 3 __ 4 __ 5 __	
Certified Food Handler Joseph Kidwell exp 6/26			

• 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
295	NC		The following "Non food" contact items are soiled w/ dried food etc. 1) outside of metal containers (syrup) 2) Inside both floor coolers	
295	C		Fryer warmer - top of it (inside)	

Received by (name and title printed): Joseph Kidwell General manager	Inspected by (name and title printed): Dean Ann
Received by (signature):	Inspected by (signature): (RS)
cc:	cc:	cc: