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 Dollar General 18562	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 8-7-24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 214 E Delphi			
Owner Dollar General LLC	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 10 days
Owner's Address	2. Follow-up	**Summary of Violations:**	
Person in Charge Tammy	3. Complaint	C Ø NC 1 R Ø	
Responsible Person's E-mail —	4. Pre-Operational		
	5. Temporary	**Menu Type** (*See back of page*)	
Certified Food Handler N/A	6. HACCP		
	7. Other (*list*)	1 X 2 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
295	NC		Dairy Cooler in back - soiled in the bottom	
	*		Complaint Valid Spoke to Manager and District Manager on phone EH Contractor 8/8/24 to be corrected	

Received by (*name and title printed*): Majenta Hofmeister	Inspected by (*name and title printed*): Angela M McCollum Dem Sup	
Received by (*signature*): Majenta Hofmeister	Inspected by (*signature*):	
cc:	cc:	cc: