

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.

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|--|-----------------------------------|---------|--------------|---|---------------------------------------|----|
| Establishment Name Pamly Dollar 23691 | | | | Telephone Number (Telephone Stablishment | Date of Inspection (mm/dd/yr) ID # | |
| Establishment Address (number and street, city, state, ZIP code) | | | | 5730542 | 7-10-24 27 | |
| Fromty Dollner Stores of NU 11C | | | | Purpose: 1. Koutine | Follow-up Release Date |) |
| Owner's Address | | | | 2. Follow-up 3. Complaint | Summary of Violations: | |
| Person in C | Harge Hany | | - <i>i</i> y | 4. Pre-Operational | C NC R | _ |
| Responsible | many and the second second second | E-ma | il | 5. Temporary 6. HACCP | Menu Type (See back of page) |) |
| Certified Food Handler | | | | 7. Other (list) | 1 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 | Ву |
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| Recoived by | (name and | title i | printed): | Inspected by (name and title p | ;inted): | |
| Brittiany Cummines SM Dem Sing | | | | | | |
| Reperved by (signature): Inspected by (signature): | | | | | | |
| Ki | 117 | h | | De Mun the OV | KELD | |
| cc: | m | | | | cc: | |
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