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: Boomtown Donuts Gas City LLC	**Telephone Number**: (765) Establishment ( ) Owner 674-7494	**Date of Inspection** (*mm/dd/yr*): 12-3-2024	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 417 W Main St			
Owner: Angi O'Connell Bowe	**Purpose:** 1. Routine	**Follow-up**: No	**Release Date**: 3 days
Owner's Address: Colony Way	2. Follow-up	**Summary of Violations:** P- Rf- C-	
Person in Charge: Madison	3. Complaint		
Responsible Person's E-mail: —	4. Pre-Operational		
	5. Temporary	**Menu Type** (*See back of page*)	
Certified Food Handler: Mark Bowers 12-1-2023	6. HACCP	1 2 X 3 4 5	
	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
			No Violations	

Received by (*name and title printed*): Madison McKee	Inspected by (*name and title printed*): Dean Smith FSTo
Received by (*signature*): Madison McKee	Inspected by (*signature*): Dean Smith FSTo

cc:	cc:	cc: