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 Dairy Queen	**Telephone Number** ( ) Establishment 765 ( ) Owner 662-3222	**Date of Inspection** *(mm/dd/yr)* 10/21/24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1204 So Baldwin Ave, Marion			
Owner Maderday Wood	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 180 Days
Owner's Address Carmel, IN	2. Follow-up	**Summary of Violations:**	
Person in Charge Cindy	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Tyna Little Issued 7/18/24	5. Temporary	**Menu Type** *(See back of page)*	
	6. HACCP	1___ 2✓ 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*): Cindy Hill	Inspected by (*name and title printed*): Amber McCollum
Received by (*signature*): Cindy Hill	Inspected by (*signature*): Amber McCollum EHO

cc:	cc:	cc: