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

7-26 (AM)

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: Donatap INC	Telephone Number ( ) Establishment ( ) Owner 662 1591	Date of Inspection (*mm/dd/yr*): 5/28/25	ID #: 27
Establishment Address (*number and street, city, state, ZIP code*): 1649 W Factory Rd., Marion	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	Follow-up: NO	Release Date: 10 days
Owner: Pamela Hutchison		Summary of Violations: P — PF — R —	
Owner's Address: same		Menu Type (*See back of page*): 1 2 3 X 4 5	
Person in Charge: Chassity			
Responsible Person's E-mail			
Certified Food Handler: Pamela Hutchison 12/2023			

- 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*): Chassity Warner

Received by (*signature*): Chassity Warner

Inspected by (*name and title printed*): Angela Kniff-Collum

Inspected by (*signature*): Angela Kniff-Collum EHO

cc: | cc: | cc: