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 Marion Donuts Inc	**Telephone Number** 765 Establishment (574 Owner 6459	**Date of Inspection** (*mm/dd/yr*) 10-16-24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 830 N Baldwin Ave			
Owner Jay Punukollu	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address Itasca IL	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Summary of Violations:** C— NC 4 R 3	
Person in Charge Jennifer			
Responsible Person's E-mail Carrick		**Menu Type** (*See back of page*) 1 2 X 3 4 5	
Certified Food Handler Jennifer Mills exp 11-2024			

- 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
138	NC	X	Employees preping / Cooking without hair Restraint	Today
431	NC	X	Flooring throughout to include next to walls & corners - is filled with dark debris & food	
295	NC	X	Metal Donut racks in BACK - soiled	
308	NC		Dust on walls and HVAC above Tea line	

Received by (*name and title printed*): Jennifer Carrick

Received by (*signature*): Jennifer Carrick

Inspected by (*name and title printed*): Dean Smith

Inspected by (*signature*): Dean Smith FSTo

cc: | cc: | cc: