



**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 MISSISSINEWA HIGH SCHOOL	Telephone Number 765 677 4424	Date of Inspection (mm/dd/yr) 10-29-18	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1 INDIAN TRAIL GAS CITY	() Owner	Follow-up No NO	Release Date 11-8-18
Owner MISSISSINEWA SCHOOL CORP	Purpose: 1. Routine	Summary of Violations: C ___ NC ___ R ___	
Owner's Address 424 E S "A" ST. GAS CITY	2. Follow-up	Menu Type (See back of page) 1 ___ 2 ___ 3 <u>X</u> 4 ___ 5 ___	
Person in Charge LORI AILES	3. Complaint		
Responsible Person's E-mail N/A	4. Pre-Operational		
Certified Food Handler MONIQUE WILLIS exp 2022	5. Temporary		
	6. HACCP		
	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 AT THIS INSPECTION	



Received by (name and title printed): LORA AILES MANAGER	Inspected by (name and title printed): R. Dab Carr - FSD
Received by (signature): <i>Lora Ailes</i>	Inspected by (signature): <i>R. Dab Carr - FSD</i>
cc:	cc: