

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.

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Establishm	ent Name			Telephone Number	Date of In	spection ID#
FRANCIS DLOCUM ELEMENTARY (16) 1600 MINISTER						
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290	9 5		TORRENCE - MARION	THOO BRINGSN TO THE		
Marion Comm Schools				Purpose: 1. Routine	Follow-up Release Date $3 + 0 - 14$	
Owney's Address				2. Follow-up	Summary of Violations:	
1240 S. ADAMS St MARION				3. Complaint	8	
Person in Charge				4. Pre-Operational	C	NC R
STACEY MITCHE!				5. Temporary	3.6 E	(0, 1, 1, 6,)
Responsible Person's E-mail				6. НАССР	Menu Ty	pe (See back of page)
Certified F	ood Handle) /	4//	7. Other (list)	1 2	3 4 X 5
Stacey Mitchell						
• 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
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Received by (name and title printed): Have and title printed): Received by (name and title printed): Received by (name and title printed): Received by (name and title printed):						
Received by (name and title printed): Hacey Mitchell Received by (signature): Thispected by (signature): Witchell August 1510/645						
cc: / Cc:						