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 PARK ELEMENTARY	**Telephone Number** 765 948 5232 (Establishment) ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 10/2/18	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 500 S. SYCAMORE - FAIRMOUNT			
Owner MADISON-GRANT Community Schools	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10/12/18
Owner's Address 11700 S E00 W - FAIRMOUNT	2. Follow-up	**Summary of Violations:**	
Person in Charge BERNICE NELSON	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail N/A	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler N/A	5. Temporary	1___ 2___ 3___ 4 X 5___	
	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*): Bernice Nelson	Inspected by (*name and title printed*): RDale CHW - FSID
Received by (*signature*): Bernice Nelson	Inspected by (*signature*): RDale - FSID
cc:	cc:
	cc: