

## 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.

The time limi	t for corre	ection	of each violation is specified in the narrative portion of the	L & L L Nombon	Date of Ins	pection ID#
Establishment Name				Telephone Number To God And American	(myh/dd/yr)	
MADISON-GRANT JRISR HIGH				1 ·	10/2	118 27
Establishmen	t Address	(num	ber and street, city, state, ZIP code)	( ) Owner	10/0	7.0
1070	05	6	200 W MIRMOUNT		Follow-up	Release Date
Establishment Address (number and street, city, state, ZIP code) 10700 5 600 W PALRMOUNT  Owner MADISON - GRANT Community School				Purpose	101011-11	10/12/18
MADISON-GRANT COMMUNITY SCHOOL				1. (Routine		and the second s
Owner's Address				2. Follow-up	Summary	of Violations:
SAME				3. Complaint	Q	N.C. D
Person in Charge				4. Pre-Operational	C <u>*</u> _	NC R
PATRICIA STINGER				5. Temporary	Monu Tv	pe (See back of page)
Responsible Person's E-mail				6. НАССР	Wichu 1	he (pee ones, of hage)
			NIA	7. Other ( <i>list</i> )	1 2	3 4 _ 5_
Certified Food Handler					1	
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• 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
Sections	U/11U					
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	No Violations AT THIS  Juspection					
			TNSPEC	771071		
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