

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.

					$M \nearrow$		
Establishme	ent Name	_	1 .		Date of Ins (mm/dd/yr)	pection ID#	
LAKOI	licul	(,	haistian School	(16) Establishment			
Establishment Address (number and street, city, state, ZIP code)					10-7	4-18 27	
5318 S. Western Ave MARION				6170 mg 246	100	11101	
Owner				Purpose:	Follow-up	Release Date	
Lokeview Christian School				1. Routine		10 dry 5	
Owner's Address					-		
C				2. Follow-up	Summary of Violations: /		
Person in Charge				3. Complaint			
				4. Pre-Operational	$C = NC = R^{\perp}$		
TINA Lodge				5. Temporary	Menu Type (See back of page)		
Responsible Person's E-majl				6. HACCP	Menu Type (See back of page)		
				7. Other (list)		. 1/	
Certified Food Handler				7. Other (1131)	12	3/45	
Tin	4 Lo	29	e Exp 2022				
• 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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Date: Fecha							
	Emp: Empirado PASS WHEN BLUE						
PASS WHEN BLUE BAR TURNS ORBANCE 65 ACFFRAGE (UNBO) DI ASRBA AND. COMBIA ACIODE MARALIA AND. COMBIA ACIODE MARALIA							
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Received by (signature): Inspected by (signature): F.F.O. F.F.O.							
I Ma Rodde IVenson FSO							
cc: cc: cc:							
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