

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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Establishme	ent Name			Telephone Number	Date of Inspection ID # (mm/dd/yr)			
R.J. BASKET - MIDDE School				Establishment	- "			
E 1121 that I land (word at most office state 7ID gods)						el 18	27	
125 N BASADWAY St. BAS City () Owner 1927								
P. P. Pellery up Delegge Date								
Owner			· Cal 1 C	Purpose:	Follow-u	Releas		
1115	51551	W	swa School Lorep (1. Routine	NJ 11-8-18			
Owner's Ad	ldress			2. Follow-up	Summary of Violations:			
474	ENI	AU	GAS Coly IN	3. Complaint				
Person in C	harge		V	1	C NC R			
Terson in C	GELA	in/	1c Collum	4. Pre-Operational	C NC R			
				5. Temporary	Menu Type (See back of page)			
Responsible	e Person's	E-mai	1 4.	6. НАССР	Menu Type (See back of page)			
I NIX						V	1	
Certified Food Handler 7. Other (list)						3 <u>X</u>	_45	
TNGELA MC Collum EXP. 3-9-21								
7 11 - 12								
• 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				orrected By	
Section#	CINC	IX	Turrante				V	
	-	-						
		-						
	A NOTE: NARD TO REVISE SICK EMPLOYEE!							
	WESTER NEED TO REVISE SICK EMPLOYEE / WESTER CONTROL POLICY *							
	infection control policy							
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Received by (name and title printed):								
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Received by (signature): Inspected by (signature):								
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