

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.						
Establishing	ht Name	K	North Elementory	Telephone Number () Establishment	Date of Ins (mm/dd/yr)	
Establishme	ent Address	hun D -	nber and street, city, state, ZIP code)	934 355	8/21/	J. Paleoc Pate
Fastbroch Comm. Schools				Purpose: 1. Routine	Follow Ip Release Nate	
Owner's Address 900 E Marian				2. Follow-up 3. Complaint	Summary of Violations:	
Person in C	harge	10	1	4. Pre-Operational	C NC R	
Responsible	Person's	C-mai	1	5. Temporary	Menu Type (See back of page)	
Kesponsible	T CISON 3 1	- IIIai		6. HACCP	V	
Certified Fo	ood Handle	2	egg	7. Other (list)	12	345
• 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
Sectionin	Circ	1				
			10/10/01	15		
			110/10/110			
						N.
				4		
-						
	1					
		_				
				1	-11	
				Inspected by (name and rule	printed):	
Received by (name and title printed):						
Received by (signature):						
cc:	whe	<u>U</u>	Old CC:	WITH WAR	cc:	
1					1	