



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 HYPE School	Telephone Number () Establishment 765 662-2546	Date of Inspection (mm/dd/yr) 8/23/24	ID # 27
Establishment Address (number and street, city, state, ZIP code) 111 W. 2nd St., Marion	() Owner 662-2546	Follow-up	Release Date 10 days
Owner Marion Comm Schools	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>	
Owner's Address Same	Person in Charge Susie	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
Responsible Person's E-mail _____	Certified Food Handler Toal Keenan ISSUED 9/2023		

- 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	

Received by (name and title printed): Susie Edgell Kitchen Supervisor	Inspected by (name and title printed): Angelina Edgell
Received by (signature): <i>Susie Edgell</i>	Inspected by (signature): <i>Angelina Edgell</i>
cc:	cc: