

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 finite for correction of each violation to specimen in the instant of particle parti		
Establishment Name Windle School	Telephone Number () Establishment	Date of Inspection (mm/dd/yr)
Establishment Address (number and street, city, state, ZIP code) Marian	-IK VKM	28/22/24/27
Warron Comm. Schools	Purpose: 1. Routine	Follow-up Release Date
Owner's Address	2. Follow-up	Summary of Violations:
Person in Charge	3. Complaint	C NC R
1 DODA CO	4. Pre-Operational	NC K
Responsible Person's E-mail	5. Temporary 6. HACCP	Menu Type (See back of page)
	7. Other (list)	L
Certified Food Handley 2023		1234_5
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN		
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	
Section# C/NC R Narrative		To Be Corrected By
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Received by (signature):	Inspected by (signature):	12/0
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cc:		cc:
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