



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.

Form header with fields: Establishment Name (Madison Grant High School), Telephone Number (765-538-0032), Date of Inspection (8/19/23), ID # (27), Establishment Address (1700 So E. 00 W), Owner (Madison Grant USC), Purpose (1. Routine), Follow-up (NO), Release Date (NO), Owner's Address (Same), Person in Charge (Johnna), Responsible Person's E-mail, Certified Food Handler (Johnna Mitchener 5/2023)

• 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text 'No Violations'.

Form footer with fields: Received by (name and title printed): JOHNNA MITCHENER, Inspected by (name and title printed): [Signature], Received by (signature): [Signature], Inspected by (signature): [Signature], cc: