

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. Talenhone Number Date of Inspection ID #						
Establishme	Jull	00	ch Middle School	Telephone Number () Establis (ment	(mm/dd/yr)	
Establishme	Address	(num	nber and street, city, state ZIP coder 1 May 101	Рикроѕе:	Konov-At	Release Date
Marion Comm. Schools				1. Routine 2. Follow-up	Summary of Violations:	
Owner's Address				3. Complaint	C NC R	
Person in Charge				4. Pre-Operational 5. Temporary	and the	
Responsible Person's E-mail				6. НАССР	Menu Type (See back of page)	
Certified Food Handler SSEED 9203 7. Other (list) 1_						3_45
• 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" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
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