



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 with fields: Establishment Name (Mississinewa High School), Telephone Number (965 Establishment, 674 Owner 2248), Date of Inspection (6-12-24), ID # (27), Establishment Address (205 E North H St.), Owner (Mississinewa High School), Owner's Address (Same), Person in Charge (Lora), Responsible Person's E-mail, Certified Food Handler (Lora Ailes, exp 11-2026), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list) Summer Lunch), Follow-up (No), Release Date (10 days), Summary of Violations (C NC R), Menu Type (1 2 3 4 5).

• 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. Row 1: Narrative: No violations.

Received by (name and title printed): LORA AILES; Inspected by (name and title printed): April J...; Received by (signature): Lora Ailes; Inspected by (signature): April J...; cc: fields.