



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 fields: Establishment Name (Mississinewa High School), Telephone Number (669 Establishment, 679 2248), Date of Inspection (8-12-24), ID # (27), Establishment Address (205 E North H St), Owner (Mississinewa Community School), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Owner's Address (SAME), Person in Charge (Lora), Responsible Person's E-mail, Certified Food Handler (Lora Ailes exp 11-2028), 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Content: No violations.

Received by (name and title printed): Lora Ailes; Inspected by (name and title printed): Dawn Smith PST; Received by (signature): Lora Ailes; Inspected by (signature): Dawn Smith PST; cc: fields.