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.

Establishment Name: Park Elementary

Establishment Address (number and street, city, state, ZIP code): 500 So. Sycamore St. Fairmount

Owner: Madison Grant USC

Owner's Address: Same

Person in Charge: Bernice

Responsible Person's E-mail:

Certified Food Handler: Bernice Nelson 5/2023

Telephone Number
( ) Establishment
(765) Owner 528-0084

Purpose:
1. Routine
2. Follow-up
3. Complaint
4. Pre-Operational
5. Temporary
6. HACCP
7. Other (list)

Date of Inspection (mm/dd/yr): 8/19/24

ID # 27

Follow-up / Release Date: No 10 Days

Summary of Violations:
C ___ NC ___ R ___

Menu Type (See back of page)
1 ___ 2 ___ 3 ___ 4 X 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			No Violations	

Received by (name and title printed): Bernice Nelson

Received by (signature): Bernice Nelson

Inspected by (name and title printed): Angela Ruth Collum

Inspected by (signature): FS10

cc: _____ cc: _____ cc: _____

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