



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 (Eastbrook North Elementary), Telephone Number (765-939-3551), Date of Inspection (1-26-23), ID # (27), Establishment Address (504 S 1st Van Buren), Owner (Eastbrook Community School), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Owner's Address (560 S 9th E Marion), Person in Charge (Michele Legg), Responsible Person's E-mail, Certified Food Handler (Michele Legg exp 3-2023).

- 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 191, C, Dried ham & egg in walk in cooler date 1-17-2023, Remove.

Received by (name and title printed): Michele Legg; Inspected by (name and title printed): Dawn Szydl PSt; Received by (signature): Michele Legg; Inspected by (signature): Dawn Szydl PSt; cc: (blank)

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111

Fax 765-651-2419

DATE: 1-26-23

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 1-26-23.

DATE: 1-26-23 Action Taken: Diced ham and egg in walk in was thrown out with a date of 1-17-23

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Michele Leggs Title: Kitchen Manager

Establishment Name: Eastbrook North Elementary

Address: 504 S. 1st Van Buren, IN