



# 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<br><i>Eastbrook South Elementary</i>   | Telephone Number<br><i>765</i> Establishment  | Date of Inspection<br>(mm/dd/yr)<br><i>1-28-23</i>  | ID #<br><i>27</i>              |
| Establishment Address (number and street, city, state, ZIP code)<br><i>644 S 2<sup>nd</sup> St Upland</i> | Owner<br><i>664-0624</i>  | Follow-up<br><i>NO</i>  | Release Date<br><i>18 days</i> |
| Owner<br><i>Eastbrook Comm Schools</i>  | Purpose:<br>1. Routine <u>          </u><br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list) | Summary of Violations:<br><br><i>C <u>      </u> NC <u>      </u> R <u>      </u></i>                                     |                                |
| Owner's Address<br><i>560 S 900 E Marion</i>  |   | Menu Type (See back of page)<br><br><i>1 <u>      </u> 2 <u>      </u> 3 <u>      </u> 4 <u>      </u> 5 <u>  X  </u></i> |                                |
| Person in Charge<br><i>Rosie</i>  |   |   |                                |
| Responsible Person's E-mail<br><u>                                  </u>                                  |   |   |                                |
| Certified Food Handler<br><i>Rosie Tedder Exp 3 2023</i>  |   |   |                                |

- 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 |
|----------|------|---|----------------------|--------------------|
|          |      |   | <i>No Violations</i> |                    |
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|--|--|
| Received by (name and title printed):<br><i>Rosalie Tedder</i> | Inspected by (name and title printed):<br><i>Scott Kikencall</i> |
| Received by (signature):<br><i>Rosalie Tedder</i>              | Inspected by (signature):<br><i>Scott Kikencall FSTO</i>         |
| cc:  | cc:  |