



**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 <i>Francis Stocum Elementary</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <i>1-17-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2909 S. Torrence</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Mason Community School</i>	Summary of Violations: <i>C/ NC R</i>	Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 <u>X</u> 5 ___	
Owner's Address	Person in Charge <i>Donnie</i>	Responsible Person's E-mail	
Certified Food Handler <i>Test Keenan exp 5-2023</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>191</i>	<i>C</i>		<i>boxed Apples and Apple Spices both in containers No date marking</i>	<i>Removed</i>

Received by (name and title printed): <i>Donnie Blackburn</i>	Inspected by (name and title printed): <i>Dawn Small - FST</i>
Received by (signature): <i>Donnie Blackburn</i>	Inspected by (signature): <i>Dawn Small FST</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: 1-23-23

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 1-17-2022.

DATE:                      Action Taken:

1-18-23 Coached supervisor & staff on proper labeling of food to include Dates

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

Name of Respondent: Teal Keenan Title: FSC

Establishment Name: Marion Community Schools - Frances Stocum

Address: 750 W 26<sup>th</sup> St Marion IN 46953