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 Lakeview Christian School	**Telephone Number** (765) Establishment (765) Owner 677-7264	**Date of Inspection** (*mm/dd/yr*) 1/18/23	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 5318 S. Western Ave			
Owner Lakeview Wesleyan Church	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address 5316 S. Western Ave	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge N/A	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** (*See back of page*) 1___ 2___ 3___ 4X 5___	
Certified Food Handler Tina Lodge - To Renew	7. Other (*list*) _____		

- 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*): Tina Lodge	Inspected by (*name and title printed*): Dawn Lynn RSA
Received by (*signature*): Tina Lodge	Inspected by (*signature*): Dawn Lynn RSA
cc:	cc:
cc:	