



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>Madison Grant High School</i> | | Telephone Number <i>765</i> Establishment | Date of Inspection <i>1-26-23</i> (mm/dd/yr) | ID # <i>27</i> |
| Establishment Address (number and street, city, state, ZIP code) <i>11700 S E 00 W</i> | | Owner <i>536-0032</i> | | |
| Owner <i>Madison Grant USC</i> | Purpose: <input checked="" type="checkbox"/> 1. Routine <input checked="" type="checkbox"/> 2. Follow-up | Follow-up <i>NO</i> | Release Date <i>10/20/25</i> | |
| Owner's Address <i>11580 SE 00 W</i> | 3. Complaint | Summary of Violations: <i>C — NC — R —</i> | | |
| Person in Charge <i>Johnna</i> | 4. Pre-Operational | Menu Type (See back of page) <i>1 2 3 4 X 5</i> | | |
| Responsible Person's E-mail <i>_____</i> | 5. Temporary | | | |
| Certified Food Handler <i>Kathy Bernaix Exp 3-2023</i> | 6. HACCP | | | |
| | 7. Other (list) <i>_____</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): <i>JOHNA MITCHENER</i> | Inspected by (name and title printed): <i>Scott K. Kendall</i> |
| Received by (signature): <i>Johnna Mitchener</i> | Inspected by (signature): <i>Scott Kendall #510</i> |
| cc: | cc: |