



**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>Marion High School</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>1-17-23</i>	ID # <i>27</i>
Establishment Address <i>750 W 26th St.</i>		Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner <i>Marion Community School</i>	Purpose: 1. Routine <input checked="" type="checkbox"/> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C NC / R</i>	
Owner's Address <i>FATH</i>		Menu Type (See back of page) <i>1 2 3 4 <input checked="" type="checkbox"/> 5</i>	
Person in Charge <i>Pam Anderson</i>			
Responsible Person's E-mail <i>[redacted]</i>			
Certified Food Handler <i>Jess Keenan exp 5-2025</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>431</i>	<i>NC</i>		<i>Flooring in bakery area has food debris etc - up under metal racks</i>	<i>Today</i>

Received by (name and title printed): <i>Pamela Anderson</i>	Inspected by (name and title printed): <i>Dean Small - FSD</i>
Received by (signature): <i>Pamela Anderson</i>	Inspected by (signature): <i>Dean Small FSD</i>
cc:	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 1-17-2023.

DATE:

Action Taken:

1-18-23 Held meeting with Custodian, Supervisor + Dept. Head regarding daily cleaning. Coached & expectations given. Floor was thoroughly cleaned 1-18-23.

(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 Comm Schools - Marion High

Address: 750 W. 26th St Marion IN 46953