



**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>Paer Elementary</i>	Telephone Number <i>765</i> Establishment	Date of Inspection (mm/dd/yr) <i>1-26-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>500 S Sycamore St Fairmount</i>	Owner <i>538-0084</i>	Follow-up <i>NO</i>	Release Date <i>today</i>
Owner <i>Madison Grant Schools</i>	Purpose: <input checked="" type="radio"/> Routine 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>11580 SE 00 W Fairmount</i>		Menu Type (See back of page) <i>1 2 3 4 X 5</i>	
Person in Charge <i>Bernice</i>			
Responsible Person's E-mail _____			
Certified Food Handler <i>Bernice Nelson Exp 3-2018</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>	

Received by (name and title printed): <i>Bernice Nelson</i>	Inspected by (name and title printed): <i>Scott Kendall</i>
Received by (signature): <i>Bernice Nelson</i>	Inspected by (signature): <i>Scott Kendall FSIO</i>
cc:	cc: