



**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>Allen Elementary</i>	Telephone Number () <i>755-6625</i>	Date of Inspection (mm/dd/yr) <i>1-27-25</i>	ID # <i>37</i>
Establishment Address (number and street, city, state, ZIP code) <i>1115 E. Bradford St., Marion</i>	Owner <i>Marion Comm. Schools</i>	Owner <i>662-5816</i>	
Owner <i>Same</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>—</i>	Follow-up	Release Date <i>100 days</i>
Owner's Address <i>Same</i>	Summary of Violations:		
Person in Charge <i>Deb Stanley</i>	C <u> </u> NC <u> </u> R <u> </u>		
Responsible Person's E-mail <i>—</i>	Menu Type (See back of page)		
Certified Food Handler <i>Teal Keenan</i>	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>		
Inspection Date <i>9/1/23</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"

Received by (name and title printed):

DEB STRALEY

Received by (signature):

Web Site □

Inspected by (name and title printed):

Inspected by (name and title): Frank G. Colum
Inspected by (signature): Frank G. Colum TSIC

cc:

CC

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