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: Allen Elementary	**Telephone Number**: (765 Establishment; (618-5078 Owner	**Date of Inspection** *(mm/dd/yr)*: 1-13-22	**ID #**: 27
Establishment Address *(number and street, city, state, ZIP code)*: 1115 E BRADFORD ST MARION			
Owner: Marion Community Schools	**Purpose:** 1. Routine	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: Same	2. Follow-up	**Summary of Violations:**	
Person in Charge: Carolyn	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** *(See back of page)*	
Certified Food Handler: Teal Keenan ISS 5-8-2020	5. Temporary 6. HACCP 7. Other *(list)*	1___ 2___ 3___ 4 5___	

- 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*): Carolyn A Shugart	Inspected by (*name and title printed*): Scott Kikendall
Received by (*signature*): Carolyn A. Shugart	Inspected by (*signature*): Scott Kikendall ES/O
cc:	cc:
	cc: