



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 College Store (Trader James)		Telephone Number () Establishment 607-2310		Date of Inspection (mm/dd/yr) 2-12-24	ID # 27
Establishment Address (number and street, city, state, ZIP code) 4201 S Washington St		Owner Pioneer College		Follow-up NO	Release Date 10 days
Owner's Address Same		Purpose: <u>Routine</u>		Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>	
Person in Charge Merilee		2. Follow-up		Menu Type (See back of page)	
Responsible Person's E-mail		3. Complaint		1 <u>X</u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified Food Handler		4. Pre-Operational			
		5. Temporary			
		6. HACCP			
		7. Other (list)			

- 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): Merilee J Welch		Inspected by (name and title printed): April Legare Deputy	
Received by (signature): <i>Merilee J Welch</i>		Inspected by (signature): <i>April Legare</i>	
cc:	cc:	cc:	