



**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 <b>COLLEGE STORE</b>	Telephone Number <b>(765) 677-2310</b>	Date of Inspection (mm/dd/yr) <b>2-11-2020</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>4201 SOUTH WASHINGTON ST. MARION</b>	( ) Owner	Follow-up <b>NO</b>	Release Date <b>2-21-2020</b>
Owner <b>PIONEER COLLEGE CATERERS</b>	Purpose: <b>1. Routine</b>	Summary of Violations:  <b>C ___ NC ___ R ___</b>	
Owner's Address <b>303 ROSE AVE NASHVILLE TN</b>	2. Follow-up	Menu Type (See back of page) <b>1 X 2 3 4 5</b>	
Person in Charge <b>BECKY WRIGHT</b>	3. Complaint		
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational		
Certified Food Handler <b>N/A</b>	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
			<b>NO VIOLATIONS AT THIS INSPECTION</b>	

Received by (name and title printed): <b>Becky Wright, Director</b>	Inspected by (name and title printed): <b>R. Ralston - FSD</b>
Received by (signature): <i>Becky Wright</i>	Inspected by (signature): <i>R. Ralston - FSD</i>
cc:	cc: