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	**Telephone Number** (765) Establishment (677) Owner 2310	**Date of Inspection** (*mm/dd/yr*) 1-10-22	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 4201 S. Washington St Marion			
Owner Pioneer College Catering	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** No	**Release Date** 10 days
Owner's Address 303 Colenrose Catering		**Summary of Violations:** C___ NC___ R___	
Person in Charge Wanda			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1 ✓ 2___ 3___ 4___ 5___	
Certified Food Handler			

- 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*): Karen Stewart	Inspected by (*name and title printed*): Dean Small FSTo
Received by (*signature*): [signature]	Inspected by (*signature*): [signature] FSTo
cc:	cc:
	cc: