



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>Fox Brook North Elementary</i>	Telephone Number () Establishment <i>765-3251</i>	Date of Inspection (mm/dd/yr) <i>1-10-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>504 So. Lot St., Van Buren</i>	Owner <i>East Brook Comm School</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) <hr/>	Follow-up <i>10 Days</i>
Owner's Address <i>500 So. 900 E., Marion</i>	Summary of Violations: <input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> R		
Person in Charge <i>Michelle</i>	Menu Type (See back of page) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5		
Responsible Person's E-mail <i>_____</i>			
Certified Food Handler <i>Michelle Leesey</i>	5/2023		

- 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):

Received by (name and title printed):
Michele Legg
Received by (signature):
Michele Legg
cc:

Inspected by (name and title printed):

Inspected by (name and title/agency).
Shasta S. Johnson
Inspected by (signature).
Shasta S. Johnson 1510
cc:

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