



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 Eastbrook High School	Telephone Number 765 Establishment	Date of Inspection (mm/dd/yr) 2-1-22	ID # 27
Establishment Address (number and street, city, state, ZIP code) 560 S 900 E MARION	Owner 604-1214	Follow-up NO	
Owner Eastbrook Community Schools	Purpose: 1. Routine <input checked="" type="checkbox"/>	Release Date 10 days	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>
Owner's Address same	2. Follow-up	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <input checked="" type="checkbox"/> 5 <u> </u>	
Person in Charge RHONDA	3. Complaint		
Responsible Person's E-mail <u> </u>	4. Pre-Operational		
Certified Food Handler RHONDA MAHONEY Exp 2/2023	5. Temporary		
	6. HACCP		
	7. Other (list) <u> </u>		

- 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): Rhonda Mahoney	Inspected by (name and title printed): Scott Kikenda II
Received by (signature): <i>Rhonda Mahoney</i>	Inspected by (signature): <i>Scott Kikenda II FS10</i>
cc:	cc: