

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 parrative portion of this report.

The time timit for correction of each violation is specified in the narrative portion of this report.						
Establishment Name Social Control of the Control o				Telephone Number Sestablishment	Date of In (mm/dd/yr	
Easthrook North Elemeters] \(\(\rho_2\)	2 /	. 1)7
Establishment Address (number and street, city, state, ZIP code)				(a) Eyner 755	[) -/-	(-1)
20131 21				75 10001		
Owner (Colone) (Colone)				Purpose:	Follow-u	•
Eastbrook Community Schools				1. Routine	NO	160ays
Owner's Address				2. Follow-up	Summary of Violations:	
560 5 900 F MENION				3. Complaint		
Person in Charge				4. Pre-Operational	CNC R	
Michele				5. Temporary		
Responsible Person's É-mail					Menu Type (See back of page)	
				6. HACCP		
Certified Food Handler				7. Other (list)	1 2 3 4 5	
	m	ìck	ele Legg Etp 3-2023			
• 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"						
Section#	C/NC	R	Narrative			To Be Corrected By
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