

## 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.

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Establishment Name				Telephone Number	Date of Inspection ID # (mm/dd/yr)
	East brook Josh Elementary				Vn 2 27
Establishme	ent Address	s (nur	mber and street, city, state, ZIP code)  NOSH UPLOND	(99) Owner 2550	0-11-00
East brook Community Schook				Purpose: 1. Routine	Follow-up Release Date
Owner's Address				2. Follow-up	Summary of Violations:
560 > 900 E				3. Complaint	
Person in Charge ROSalie To Adolo				4. Pre-Operational	C NC R
Responsible	e Person's l			5. Temporary 6. HACCP	Menu Type (See back of page)
					1 2 2 18
Certified Food Handler				7. Other (list)	1234(5
• 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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