



**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 <u>High School</u>	Telephone Number ( <u>765</u> ) ( <u>662-2846</u> )	Date of Inspection (mm/dd/yr) <u>1-18-25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>111 West 2nd St., Marion</u>	Owner: <u>Marion Comm. Schools</u>		
Owner's Address <u>Same</u>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) <u></u>	Follow-up <u>NO</u>	Release Date <u>100 days</u>
Person in Charge <u>SUSIE</u>	Summary of Violations:  <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R		
Responsible Person's E-mail <u></u>	Menu Type (See back of page)		
Certified Food Handler <u>Mr. Edgell</u>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5		
	5/24/24		

- 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):

Susie Edgell

Inspected by (name and title printed)

# Single-Phase Alternator

Received by (signature):

Susie Edges

Inspected by (signature)

cc:

CC

66