

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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.

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Establishm	ent Name) ,		Telephone Number	Date of In	spection ID#
Hupe School				() Establishment	(mm/dd/yr	'
Establishment Address (number and street, city, state, ZIP code)				Owner .	7	24 12/1
LILL W 2nd St				1002 254C	1	- - /
Pwner A				Purpose:	Follow-u	p Release Date
Walun Comm Schools				1. Routine	10	10das
Owner's Address				2. Follow-up	Summar	y of Violations:
				3. Complaint		
Person in Charge				4. Pre-Operational	c	NC R
NIa				5. Temporary		
Responsible Person's E-mail				6. HACCP	Menu Ty	pe (See back of page)
		Toward Spagner Spagner		7. Other (list)		V
Certified Food Handler				7. Other (list)	12	345
leal	<u> 1396</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 Violatims			
			NO 11 BOLL			
			Name of the Control o			
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				-		
-						

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Received by (name and title printed):						
Intil Floor Con						
Received by (signature): Associted by (signature):						
10.10 G. Jay 10						
Mu pane						
cc: \(\frac{1}{1} \) \(\cc: \)						
						. 1