



**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 Justice Middle School		Telephone Number (755-8525)	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) 720 N. Miller Ave., Marion, 65256		755-8525	1-27-25	27
Owner Marion Comm. Schools		Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) — 	Follow-up NO	Release Date 100 days
Owner's Address Same		Summary of Violations: — — — C <u> </u> NC <u> </u> R <u> </u>		
Person in Charge Jessica		Menu Type (See back of page)		
Responsible Person's E-mail —		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>		
Certified Food Handler Jessica Williams		2/5/24		

- 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):

Jessica Williams

Inspected by (name and title written):

Inspected by (name and title) _____
Sergeant of the Column
Inspector for (name) _____

Received by (signature):

Immunized bat (with virus)

CC

CC

cc