



**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 () Establishment () Owner 1602 2546 | Date of Inspection (mm/dd/yr) 2-1-24 | ID # 27 |
| Establishment Address (number and street, city, state, ZIP code) 720 N Miller Ave | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up NO | Release Date 10 days |
| Owner Marion Comm. Schools | | Summary of Violations: C _ NC R _ | |
| Owner's Address Same | | Menu Type (See back of page) 1 _ 2 _ 3 _ 4 X 5 | |
| Person in Charge Jessica W | | | |
| Responsible Person's E-mail | | | |
| Certified Food Handler Teal Keenan 9-1-23 | | | |

- 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 |
|----------|------|---|---------------------------------|--------------------|
| 324 | NC | | Ice touching product in freezer | Today |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|------------------------------------------------------------------|--------------------------------------------------------------------|
| Received by (name and title printed): Jessica Williams | Inspected by (name and title printed): April Legare FSNR |
| Received by (signature): <i>Jessica Williams</i> | Inspected by (signature): <i>April Legare</i> |
| cc: | cc: |

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111
Fax 765-651-2419

DATE: 2-2-24

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / April Legare from the Grant Co. Health Department on 2-1-24.

Date: Action Taken:

2/2/24 Box with Ice Removed. Placed Drip Pan
under source

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL/FAX WITHIN 10 DAYS)

Name of Respondent: Teal Keenan Title: FSC

Establishment Name: Marion Community Schools

Address: 720 W Miller Ave Marion IN 46953 Justice
Intermed.