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** (765) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 2-25-20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 720 N Miller Ave Marion			
Owner Marion Community Schools	**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's Address Same		**Summary of Violations:** C___ NC___ R___	
Person in Charge Jessica Williams		**Menu Type** *(See back of page)* 1___ 2___ 3___ 4X 5___	
Responsible Person's E-mail			
Certified Food Handler N/A			

- 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
		C	No violations at this inspection -	

Received by (*name and title printed*):
Jessica Williams

Received by (*signature*):
Jessica Williams

Inspected by (*name and title printed*):
Dean Small FSD

Inspected by (*signature*):
Dean Small FSD

cc:

cc:

cc: