



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

**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 7-2B, 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 <i>Lakeview Christian School</i>	Telephone Number (205) Establishment <i>677-4246</i>	Date of Inspection (mm/dd/yr) <i>8-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>5318 S Western Ave</i>			
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>_____</i>	Follow-up <i>No</i>	Release Date <i>_____</i>
Owner's Address <i>Tina Hodge</i>	Summary of Violations: <i>P - PR - B - K</i>		
Person in Charge <i>Tina Hodge</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i>_____</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <i>✓ Tina Hodge</i>			

- 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 "P"

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

L'Amour (1975)

CC:

CC\*

662