



**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 <u>Madison Brant High School</u>	Telephone Number (<u>75</u>) (<u>566-0032</u>)	Date of Inspection (mm/dd/yr) <u>10/25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>1100 So E 00W, Fairmount</u>			
Owner <u>Madison Brant USC</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>Johnna Mitchener</u>	Follow-up <u>NO</u>	Release Date <u>10/25/2007</u>
Owner's Address <u>11580 So E 00W, Fairmount</u>	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>		
Person in Charge <u>Johnna Mitchener</u>	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>		
Responsible Person's E-mail <u>Johnna.Mitchener</u>			
Certified Food Handler: <u>Johnna Mitchener</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"

Received by (name and title printed):

JOHNNY Mitchener

Inspected by (name and title printed):

Inspectors Name and Signature
Thomas J. Ollum

Received by (signature):

Received by (signature):
Johnna Mitchell

Inspected by (signature):

Inspected by (signature): John Hall 7510

cc:

CC

CC