



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 Grant High School</u>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <u>11700 SE 00 W Fairmount</u>	<u>9-21</u> <u>27</u>		
Owner <u>Madison Grant USC</u>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) <hr/>	Follow-up <u>NO</u>	Release Date
Owner's Address <u>Fairmount</u>	Summary of Violations: <u>P - P - S - A</u>		
Person in Charge <u>Johnnie</u>	Menu Type (See back of page)		
Responsible Person's E-mail <u>_____</u>	1 <u>2</u> <u>3</u> <u>4</u> <u>5</u>		
Certified Food Handler <u>Johnnie Mitchell</u> <u>5/2023</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"

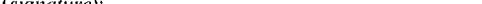
Received by (name and title printed):

Received by (name and title printed):
JOHNNA MITCHENER

Inspected by (name and title printed) *[Signature]*

inspected by (name and title printed)
John Smith

Received by (signature):

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Inspected by (signature)

Inspected by (signature):

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