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 Madison Grant High School	**Telephone Number** 765 Establishment (Owner) 536-0032	**Date of Inspection** (*mm/dd/yr*) 1-14-22	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 11700 S E 00 W Fairmount			
Owner Madison Grant Community Schools	**Purpose:** 1. Routine (circled)	**Follow-up** NO	**Release Date** 10 days
Owner's Address 11580 S E 00 W	2. Follow-up	**Summary of Violations:**	
Person in Charge Johnna	3. Complaint	C ___ NC ___ R ___	
Responsible Person's E-mail —	4. Pre-Operational		
	5. Temporary	**Menu Type** (*See back of page*)	
Certified Food Handler Kathy Bernaix 3-2018	6. HACCP	1 ___ 2 ___ 3 ___ 4 X 5 ___	
	7. Other (*list*) ___		

- 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
			NO Violations	

Received by (*name and title printed*): Johnna Mitchener	Inspected by (*name and title printed*): Scott Kilkendall
Received by (*signature*): Johnna Mitchener	Inspected by (*signature*): Scott Kilkendall FSCO
cc:	cc:	cc: