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: Marion Grant ~~Sch~~ Senior Center	**Telephone Number** (765) Establishment ( ) Owner 662-6772	**Date of Inspection** (*mm/dd/yr*): 3.26.24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 503 S. Gallatin St.			
Owner: Board of Directors	**Purpose:** ~~1. Routine~~	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: Same	2. Follow-up	**Summary of Violations:**	
Person in Charge: Elizabeth	3. Complaint	C— NC— R—	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: NFP	5. Temporary	1 2 3 X 4 5	
	6. HACCP		
	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*): ELIZABETH A. WRIGHT

Received by (*signature*): Elizabeth A. Wright

Inspected by (*name and title printed*): Dawn Funk

Inspected by (*signature*): Dawn Funk FSS

cc: | cc: | cc: