



**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 High School	Telephone Number (765) 662-2546	Date of Inspection (mm/dd/yr) 1-31-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 750 West 6th St., Marion	Owner Marion Comm. Schools	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 NO <i>10 days</i>
Owner's Address Same	Summary of Violations: <input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> R		
Person in Charge Josephini	Menu Type (See back of page)		
Responsible Person's E-mail <u>amanda.anderson@marion.k12.in.us</u>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5		
Certified Food Handler Amy Anderson	5/24/24		

• 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):

Inspected by (name and title printed):

Received by (signature):

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