



## 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 <b>McGullock Middle School</b>	Telephone Number (      ) Establishment <b>763</b>	Date of Inspection (mm/dd/yr) <b>1-27-25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, zip code) <b>3528 S. Washington St., Marion, 66042-3516</b>			
Owner <b>Marion Comm. Schools</b>	Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  <b>NO 100 days</b>	Follow-up  <b>NO 100 days</b>	Release Date
Owner's Address <b>50mg</b>	Summary of Violations:  <b>C — NC — R —</b>		
Person in Charge <b>Amanda</b>	Menu Type (See back of page)  <b>1 2 3 4 X 5</b>		
Responsible Person's E-mail <b>T</b>			
Certified Food Handler <b>Amanda Belcher 2/5/24</b>			

- 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):

Amanda Belcher

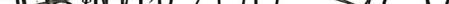
Inspected by (name and title printed)

Inspected by (name and title printed)  
John Abbott (Signature)  
Inspected by (signature)  
John Abbott (Signature)  
Date: 05/10  
SSN: 123-45-6789

Received by (signature):

Received by (signature): 

Inspected by (signature)

Inspected by (Signature)   
cc:

CC:

CC7

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