



**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>Park Elementary</u>	Telephone Number (715) 538-0084	Date of Inspection (mm/dd/yr) 1-17-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) <u>500 So. Plymouth St., Fairmount</u>			
Owner <u>Madisen Brant USC</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up NO	Release Date 100 Days
Owner's Address <u>11580 So. Th. 00 W., Fairmount</u>	Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>		
Person in Charge <u>Bernice</u>			
Responsible Person's E-mail <u>_____</u>	Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <u>Bernice Nelson 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):
Bernice Nelson

Inspected by (name and title printed):

Inspected by (name and title printed):
Spela B. S. Hollym
Inspected by (signature): 

Received by (signature)

Received by (signature)

Inspected by (signature):

inspected by (signature):  CC:

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CC

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