



## **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 (      ) Establishment (      ) Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <u>500 S Sycamore St Farmington</u>	8/21/25 27		
Owner <u>Madison Gepert USC</u>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up <u>NO</u>	Release Date
Owner's Address <u>Farmington</u>	Summary of Violations:  <u>P - PF - 5 - 1</u>		
Person in Charge <u>Becky Neece</u>	Menu Type (See back of page)		
Responsible Person's E-mail <u>becky.neece@farmington.k12.mn.us</u>	1 <u>2</u> <u>3</u> <u>4</u> <u>5</u>		
Certified Food Handler <u>Becky Neece Nelson</u>	5/2023		

- 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)

Received by (signature):

Imported by (i) *John A. B. Jr.*

Inspected by (signature):  Wm. Bell PSL

cc:

687

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