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 Park Elementary	**Telephone Number** (765) Establishment (536-0084) Owner	**Date of Inspection** (*mm/dd/yr*) 1-11-22	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 500 S. Sycamore St			
Owner Madison Grant Schools	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** NO	**Release Date** 10 days
Owner's Address 11580 S. E. 00 W Fairmont		**Summary of Violations:** C — NC — R —	
Person in Charge Bernice			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1 ___ 2 ___ 3 ___ 4 X 5 ___	
Certified Food Handler Bernice Nelson 3-2018			

- 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*): Bernice Nelson	Inspected by (*name and title printed*): Scott Kikendall
Received by (*signature*): Bernice Nelson	Inspected by (*signature*): Scott Kikendall FSIO

cc:	cc:	cc: