



# 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>Rosevelt Middle School</b>		Telephone Number ( <input type="checkbox"/> Establishment <input checked="" type="checkbox"/> Owner) <b>765-674-8536</b>	Date of Inspection (mm/dd/yr) <b>1-13-25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>13 N. Broadway St., Des Moines, IA 50309</b>				
Owner <b>Des Moines Public Schools</b>	Purpose:  <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)  <hr/>	Follow-up <b>NO</b>	Release Date <b>10 days</b>	
Owner's Address <b>Same</b>	Summary of Violations:  <input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> R			
Person in Charge <b>Megan</b>				
Responsible Person's E-mail <b>mgm@dm.org</b>	Menu Type (See back of page)  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5			
Certified Food Handler <b>Yes</b>	7/15/22			

- 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)

Megan f

Impacted by *Signatum*

CC

221

200