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 RJ Buskirk Middle School	**Telephone Number** (765) Establishment ( ) Owner 674 8536	**Date of Inspection** *(mm/dd/yr)* 1-24-22	**ID #** 27 ~~1-24-22~~
Establishment Address *(number and street, city, state, ZIP code)* 125 N. Broadway St Converse	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up** NO	**Release Date** 10 days
Owner Mississinewa Community Schools		**Summary of Violations:** C ~~—~~ NC ~~—~~ R ~~—~~	
Owner's Address Same			
Person in Charge Angie		**Menu Type** *(See back of page)* 1 2 3 4 ~~X~~ 5	
Responsible Person's E-mail			
Certified Food Handler Angie McCollum 3/2021			

- 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)*: Angela R. McCollum manager	Inspected by *(name and title printed)*: Dean Lovell FSO
Received by *(signature)*: Angela McCollum	Inspected by *(signature)*: Dean Lovell FSO

cc:	cc:	cc: