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: Riverview Elementary	**Telephone Number**: (765) Establishment ( ) Owner 618-5078	**Date of Inspection** (*mm/dd/yr*): 1-13-22	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 513 W Buckingham DR Marion			
Owner: Marion Community Schools	**Purpose:** (1. Routine)	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: Same	2. Follow-up	**Summary of Violations:**	
Person in Charge: Aurelia Martinez	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Teal Keenan 5-8-2020	5. Temporary	1___ 2___ 3___ 4X 5___	
	6. HACCP		
	7. Other (*list*) ___		

- 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*): Aurelia Martinez	Inspected by (*name and title printed*): Scott K Kendall
Received by (*signature*): ADM	Inspected by (*signature*): Scott K Kendall 510

cc:	cc:	cc: