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~~ 26, 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: The Kings Academy	Telephone Number: 765) Establishment ( ) Owner 674-1722	Date of Inspection (mm/dd/yr): 8-19-25	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 1201 S Water St			
Owner: SAME	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) ____	Follow-up: No	Release Date:
Owner's Address:		Summary of Violations: P — PF — C — R —	
Person in Charge: Laura Akers			
Responsible Person's E-mail: —		Menu Type (See back of page): 1 ___ 2 ___ 3 ___ 4 X 5 ___	
Certified Food Handler: Laura Akers exp 7-2027			

- 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): Laura Akers	Inspected by (name and title printed): Dean Snow
Received by (signature): [signature]	Inspected by (signature): [signature] PSTO
cc:	cc:
	cc: