



# **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>The Kunkel Academy High School</b>	Telephone Number ( 765 ) 674 1722	Date of Inspection (mm/dd/yr) <b>1-17-25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>801 Main St. Jonestown PA 17030</b>			
Owner <b>The Kunkel Academy</b>	Purpose:  <b>1. Routine</b>	Follow-up	Release Date <b>NO 10 Days</b>
Owner's Address <b>1201 So. Water St. Jonestown</b>	2. Follow-up		
Person in Charge <b>Laura</b>	3. Complaint		
Responsible Person's E-mail <b>[Redacted]</b>	4. Pre-Operational		
Certified Food Handler <b>[Redacted] Eno 7/15/27</b>	5. Temporary		
	6. HACCP		
	7. Other (list)  _____		
	Menu Type (See back of page)		
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>		

- 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 or name):

Received by [signature]

ANNUAL REPORT

CC

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