



**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 <i>Allen Elementary</i>	Telephone Number <i>765 667 7355</i>	Date of Inspection (mm/dd/yr) <i>8/13/19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1115 E Bradford - Marion</i>	() Owner	Follow-up <i>No</i>	Release Date <i>8/23/19</i>
Owner <i>Marion Community Schools</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C ___ NC ___ R ___</i>	
Owner's Address <i>SAME</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Carolyn Shugart</i>	3. Complaint	1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___	
Responsible Person's E-mail <i>MA</i>	4. Pre-Operational		
Certified Food Handler <i>TEAL KEENAN</i>	5. Temporary		
	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
			<i>No Violations at this inspection</i>	

Received by (name and title printed): <i>Carolyn Shugart</i>	Inspected by (name and title printed): <i>Kyle Carr - FSD</i>
Received by (signature): <i>Carolyn A. Shugart</i>	Inspected by (signature): <i>Kyle Carr FSD</i>
cc:	cc: