



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>College Store</i>		Telephone Number (706) <i>766-2310</i>	Date of Inspection (mm/dd/yr) <i>9-27-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4201 S. Washington St.</i>		(Owner) <i>677-2310</i>		
Owner <i>Pioneer College Catering Inc</i>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>	
Owner's Address <i>303 Glenrose Ave TN</i>		Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input checked="" type="checkbox"/>		
Person in Charge <i>Karen</i>		Menu Type (See back of page) <i>1</i> <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Responsible Person's E-mail <i>[redacted]</i>				
Certified Food Handler <i>N/A</i>				

• 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</i>	

Received by (name and title printed): <i>Betsy Wright FSD</i>	Inspected by (name and title printed): <i>Scott Kendall</i>
Received by (signature): <i>Betsy Wright</i>	Inspected by (signature): <i>Scott Kendall</i>
cc:	cc: