



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 48669 (R/7-05)
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>Eastbrook North Elementary</i>	Telephone Number <i>(765) 934-3551</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>3-5-19</i>	ID # <i>27</i>
Establishment Address <i>5045 S 1st St Van Buren</i>	Owner <i>Eastbrook School Corp</i>	Follow-up <i>-</i>	Release Date <i>10 days</i>
Owner's Address <i>0560 S 900 E Marion</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine	Summary of Violations: <i>C - NC - R -</i>	
Person in Charge <i>Michelle Legg</i>	<input type="checkbox"/> 2. Follow-up		
Responsible Person's E-mail <i>N/A</i>	<input type="checkbox"/> 3. Complaint	Menu Type (See back of page) <i>1 2 3 4 X 5</i>	
Certified Food Handler <i>Michele Legg exp 3-2023</i>	<input type="checkbox"/> 4. Pre-Operational		
	<input type="checkbox"/> 5. Temporary		
	<input type="checkbox"/> 6. HACCP		
	<input type="checkbox"/> 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>	
			<i>3/7/19 W. Moore</i>	

Received by (name and title printed): <i>Michele Legg</i>	Inspected by (name and title printed): <i>Drew Small FSD</i>
Received by (signature): <i>Michele Legg</i>	Inspected by (signature): <i>Drew Small FSD</i>
cc:	cc: