



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>Eastbrook North Elementary</i>	Telephone Number <i>(765) Establishment (934) 3551</i>	Date of Inspection <i>(mm/dd/yr) 8-13-19</i>	ID # <i>27</i>
Establishment Address <i>(number and street, city, state, ZIP code) 5045 S 1st St - Van Buren</i>			
Owner <i>Eastbrook School Corp</i>	Purpose: <input checked="" type="radio"/> 1. Routine	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>05605 900 E Marion</i>	<input type="radio"/> 2. Follow-up	Summary of Violations: <i>C ___ NC ___ R ___</i>	
Person in Charge <i>Michelle Legg</i>	<input type="radio"/> 3. Complaint	Menu Type <i>(See back of page)</i>	
Responsible Person's E-mail <i>N/A</i>	<input type="radio"/> 4. Pre-Operational	<i>1 ___ 2 ___ 3 ___ 4 <input checked="" type="checkbox"/> 5 ___</i>	
Certified Food Handler <i>Michelle Legg exp 3-2023</i>	<input type="radio"/> 5. Temporary		
	<input type="radio"/> 6. HACCP		
	<input type="radio"/> 7. Other <i>(list)</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 at this inspection -</i>	

Received by (name and title printed): <i>Michele Legg</i>	Inspected by (name and title printed): <i>Dennis [Signature] PSH</i>
Received by (signature): <i>Michele Legg</i>	Inspected by (signature): <i>[Signature] PSH</i>
cc:	cc: