

## 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.

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Establishme		1 al all Flome den	Telephone Number  ( ) Establishment	Date of Inspection (mm/dd/yr)	
Last	- Droof	L North Elementary	(0)		
Establishme	ent Address	(number and street, city, state, ZIP code)  1 ST   (a) Rifts A	934-3551	1-19-al 21	
Owner	( "		Purpose:	Follow-up Release Date	
5	no ti	month Community Schools	K Routine	LNO BOOK	
Owner's Address			2. Follow-up	Summary of Violations:	
560 S 460 E			1	Summary of Violations.	
Person in C	NAME OF THE PROPERTY OF THE PR		3. Complaint	$C = NC \nearrow R =$	
Mich old I-oca			4. Pre-Operational	C NCX_ K	
1/(C) 4/4 hego			5. Temporary	Menu Type (See back of page)	
Responsible Person's E-mail			6. НАССР	Menu Type (See Such of page)	
Marine and a second publication of the second second second	Maryon was a summary of the summary		7. Other (list)	1	
Certified Food Handler			77 0 1107 (1107)	12_3_4_5_	
Michelle Leg C					
• 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					
(40)			The second seller	<i>i</i> i	
430	NG	Plastic light cover	Lbove distyug	SHER	
		needs Replaced; mis	SING PART OF		
		, ,	/ /	Į	
7×V	3×2 11/100 1100 1100 1100 1100 1100 1100 1				
200	88 NC HUAC VENTS THROUGHOUT FIXCHEN				
		are soiled with debr	15		
	<del>                                     </del>				
			Section 1. Section 2.		
<u> </u>					
1					
-					
	-				
Received by (name and title printed):  [Inspected by (name and title printed):					
Michele Lega Soft/Wegal/ Pear Sug/					
Received by (signature): Inspected by (signature):					
Walt loke millet so / Von Low					
cc: cc:					



Operator Response to Inspection State Form 80047 (2-01)

Attach additional sheets as needed.

## GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419
DATE: 1-22-21
Grant County Health Department
401 S. Adams St.
Marion, IN. 46953
PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.
The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small and/or Scott Kikendall at the Grant Co. Health Department on 1-19-2.
DATE: Action Taken:
1-19-21 Light cover in the dishroom has been replaced.
HVAC wents will be cleaned and pointed over spring break.
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Name of Respondent: Michele Lega Title: Ritchen Manager
Establishment Name: East brook North Elementary
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Address: 504 S 1st St. Van Buren, IN 46991