



**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>Ernstbrook South Elementary</i>	Telephone Number <i>916</i> Establishment <i>998</i> Owner <i>2530</i>	Date of Inspection (mm/dd/yr) <i>9-19-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>694 S. 2nd St Upland</i>	Owner <i>Ernstbrook Community Schools</i>	Follow-up <i>NO</i>	Release Date <i>10 Jan 5</i>
Owner's Address <i>0560 S. 900 E Marion</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C / NC / R</i>	
Person in Charge <i>Rosalie Tedder</i>		Menu Type (See back of page) <i>1 2 3 4 X 5</i>	
Responsible Person's E-mail <i>N/A</i>			
Certified Food Handler <i>Rosalie Tedder</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>295</i>	<i>C</i>		<i>Plastic bin holding clean utensils is sat/ot on bottom w/ dirt & debris</i>	<i>Today</i>
			<i>Hot water heater/boiler is out. Have paper plates etc on hand also boiling water for use of 3 bay sink and sanitizer water</i>	

Received by (name and title printed): <i>Rosalie Tedder</i>	Inspected by (name and title printed): <i>Dawn Small FST</i>	
Received by (signature): <i>Rosalie Tedder</i>	Inspected by (signature): <i>Dawn Small FST</i>	
cc:	cc:	cc:

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 9-25-19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 9-19-19.

DATE: _____ Action Taken: Hot water heater was down, as of 9-25-19 it has been fixed. We are operating back to normal now.

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Rosalie Teckler Title: Kitchen Manager

Establishment Name: East Brook South

Address: Upland Indiana

- Attach additional sheets as needed.