

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.

		CCHO	in of each violation is specified in the harrative portion of			
Establishme	ent Name	_		Telephone Number	Date of In (mm/dd/yr	
EAST	vooK	$\frac{2}{2}$	It Elementory	(165) Establishment	(minutally)	'
Establishment Address (number and street, city, state, ZIP code)						
10945. 2nd St Uplan 1				1998-200	d-17	-60 21
Owner				Purpose:	Follpw-u	p Release Date
East brook Commenty Schools				1. Routing	NO	10 drax 5
Owner's Address				2. Follow-up	G	
5105 900 F					Summar	y of Violations:
Person in C	harge	00	. 1	3. Complaint		ATO D
<i>-</i> - 1	rlic	T		4. Pre-Operational	C	NC R
		/ C	duc	5. Temporary	Monu Tu	pe (See back of page)
Responsible	e rerson's. L	с-ша	Ш	6. НАССР	Wienu 1 y	pe (See buck of page)
$\frac{10}{100}$	7			7. Other (list)	١, ,	
Certified Fo		7	11		12	34_/5
Kospher Jedan						
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMMARY OF VIOLATIONS" A	ND IN THE N	NARRATIVE BELOW AS "R"
Section#	C/NC	R	Narrative		33	To Be Corrected By
Section#	C/NC	K	Ivarrauive	2000 (400) (4		10 De Corrected Dy
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			Moviolations At this inspe	Linal -		
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			A SOCIAL MARKET	· · · · · · · · · · · · · · · · · · ·		
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Received by (name and title printed):						
Kosalie Tedder D. Swall PSTO D. Corlin PSTO						
Received by (signature):						
1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
cc: cc:						
		proposition (see				4