



# 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 <b>FRANCIS Slocum ELEMENTARY</b>	Telephone Number (Establishment) <b>(765) 664-1589</b>	Date of Inspection (mm/dd/yr) <b>8/12/19</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>2909 S TORRENCE MARION</b>	( ) Owner	Follow-up <b>NO</b>	Release Date <b>8/22/19</b>
Owner <b>MARION Community Schools</b>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  <b>C</b> ___ <b>NC</b> <u>1</u> <b>R</b> ___	
Owner's Address <b>SAME</b>		Menu Type (See back of page) <b>1</b> ___ <b>2</b> ___ <b>3</b> ___ <b>4</b> <u>X</u> <b>5</b> ___	
Person in Charge <b>Donnie Blackburn</b>			
Responsible Person's E-mail <b>N/A</b>			
Certified Food Handler <b>TEAL KEWAN</b>			

• 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
<b>430</b>	<b>NC</b>		<b>THE FLOOR IN FRONT OF HOBART REFRIGERATORS AND FREEZERS IS BROKEN - NEEDS FIXED/REPLACED</b>	

Received by (name and title printed): <b>Donnie Blackburn</b>	Inspected by (name and title printed): <b>Ryan Clark - FSID</b>
Received by (signature): <i>Donnie Blackburn</i>	Inspected by (signature): <i>Ryan Clark</i>
cc:	cc:

Operator Inspection Response  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 8-19-19

**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 8/12/19.

DATE:                      Action Taken:

8-17-19                      Our Maint. Dept. filled the Floor Area with Cement patch.

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

Name of Respondent: Teal Keenan                      Title: FSC

Establishment Name: Marion Community Schools

Address: 750 W. 26th St Marion IN 46953

- Attach additional sheets as needed.