



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

GRANT COUNTY HEALTH DEPT. 401 S ADAMS ST MARION, OH 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.

Form with fields: Establishment Name (Francis SLOWM ELEMENTARY), Telephone Number (765 6185078), Date of Inspection (1-27-2020), ID # (27), Establishment Address (2909 S TARRANCE), Owner (MARION COMMUNITY SCHOOLS), Owner's Address (SAME), Person in Charge (KAREN BROOKS), Responsible Person's E-mail (N/A), Certified Food Handler (JEAT KEENAN). Includes Purpose list (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other) and Summary of Violations (C 1, NC, R).

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 129, C, 3 employees putting on gloves without first washing hands, TODAY.

Received by (name and title printed): Karen Brooks; Inspected by (name and title printed): Blake G... - FSD; Received by (signature): Karen Brooks; Inspected by (signature): Blake G... - FSD; cc: fields.

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

Grant County Health Department

Phone 765-651-2401 ext 110

Fax 765-651-2419

Date: _____

765-651-2401 (Phone) 765-651-2419 (Fax)

Grant County Health Department

401 South Adams Street

Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by your agency's representative Qale Carr on 1-27-2020,

DATE ACTION TAKEN

1-31-2020 Retrained staff on proper use of Gloves & handwashing. Gave handouts to reference.

Name Teal Keenan Title FSC

Establishment Frances Slaym - M.C.S.

Address 2909 S. Torrence Marion IN 46953