



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Grant Co Health Dept 401 S Adams ST Marion, IN 46853

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 (JUSTICE INTERMEDIATE (MIDDLE)), Telephone Number (708-644-0007), Date of Inspection (8/20/19), ID # (27), Establishment Address (720 N Miller Ave - MARION), Owner (Marion Community Schools), Purpose (1. Routine), Follow-up (NO), Release Date (8/30/19), Person in Charge (MARILYN WHELCHER), Responsible Person's E-mail (N/A), Certified Food Handler (N/A), Summary of Violations (C NC R), Menu Type (1 2 3 X 4 5)

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative text: No Violations At this Inspection

VISITOR DAIE NAME: DATE: 8/20/19 TIME:

Received by (name and title printed): X MARILYN WHELCHER Inspected by (name and title printed): [Signature] - FSD
Received by (signature): [Signature] Inspected by (signature): [Signature]
cc: cc: cc: