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 JUSTICE INTERMEDIATE (MIDDLE)	**Telephone Number** 765 664 0507 (Establishment) ( ) Owner	**Date of Inspection** (mm/dd/yr) 2-4-19	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 720 N Miller Ave - Marion			
Owner Marion Community School	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	**Follow-up** NO	**Release Date** 2-14-19
Owner's Address SAME		**Summary of Violations:** C___ NC___ R___	
Person in Charge MARILYN WHELCHEL			
Responsible Person's E-mail N/A		**Menu Type** (See back of page) 1___ 2___ 3X 4___ 5___	
Certified Food Handler N/A			

- 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
			No Violations AT THIS Inspection	

VISITOR
NAME: Dale Carr
DATE: 2/4/19
TIME: 10:33 Am

2/8/19 [illegible]

Received by (name and title printed): MARILYN Whelchel	Inspected by (name and title printed): [signature] - FSIO
Received by (signature): Marilyn Whelchel	Inspected by (signature): [signature] FSIO
cc:	cc: