



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 <i>Kendall Elementary</i>	Telephone Number <i>765</i> Establishment	Date of Inspection <i>8-27-21</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2009 Kem Road Marion</i>	Owner <i>662-7364</i>		
Owner <i>Marion Community Schools</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>		Summary of Violations: <i>C NC R</i>	
Person in Charge <i>Susan</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail <i>_____</i>			
Certified Food Handler <i>Teal Keenan Exp 5/2026</i>			

- 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/N/C	R	Narrative	To Be Corrected By
			<i>no violations</i>	

Received by (name and title printed): <i>Susan K Alexander</i>	Inspected by (name and title printed): <i>Scott K Kendall</i>
Received by (signature): <i>Susan K Alexander</i>	Inspected by (signature): <i>Scott Kendall F510</i>
cc:	cc: