



**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>Lakeview Christian School</i>	Telephone Number <i>965 Establishment</i>	Date of Inspection (mm/dd/yr) <i>3-5-2019</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>5318 S. Western Ave Marion</i>	<i>677-4299</i>		
Owner <i>Same</i>	Purpose: <u>1. Routine</u>	Follow-up <i>-</i>	Release Date <i>10 days</i>
Owner's Address <i>Finch Lodge Same</i>	2. Follow-up	Summary of Violations: <i>C - NC / R -</i>	
Person in Charge <i>Tina Lodge</i>	3. Complaint		
Responsible Person's E-mail <i>N/A</i>	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <i>Tina Lodge exp 2022</i>	5. Temporary	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	
6. HACCP			
7. Other (list)			

- 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
<i>138</i>	<i>NC</i>		<i>Effectiveness of hair - a hat, hairnet etc. shall be worn when preparing or cooking in food service</i>	<i>To Day</i>
<i>3/7/19</i>				



Received by (name and title printed): <i>Tina Lodge</i>	Inspected by (name and title printed): <i>Debra Small - FSEI</i>
Received by (signature): <i>Tina Lodge</i>	Inspected by (signature): <i>Debra Small FSEI</i>
cc:	cc:



Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 3/5/19

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 3-5-19.

DATE: 3/5/19 Action Taken: nets was worn during food prep

3/7/19
WMM

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

Name of Respondent: Sona Lodge Title: Dietary Manager

Establishment Name: Lakeview Christian School

Address: 53189 Weston Av. Marion

Attach additional sheets as needed.