



**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>Lakerien Christian School</i>	Telephone Number <i>765 Establishment</i>	Date of Inspection (mm/dd/yr) <i>1-14-2021</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>5318 S. Western Ave Marion</i>	<i>(677)-4266</i>		
Owner <i>Same</i>	Purpose: <u>1. Routine</u>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	2. Follow-up	Summary of Violations:  <i>C NC 2 R</i>	
Person in Charge <i>TINA</i>	3. Complaint		
Responsible Person's E-mail <i></i>	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <i>Tina Lodge March 2017</i>	5. Temporary	1 <u>  </u> 2 <u>  </u> 3 <u>X</u> 4 <u>  </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>298</i>	<i>NC</i>		<i>Inside microwave soiled w/ dried food</i>	<i>Today</i>	
<i>295</i>	<i>NC</i>		<i>Inside top oven soiled w/ dried food debris</i>	<i>  </i>	

Received by (name and title printed): <i>Tina Lodge</i>	Inspected by (name and title printed): <i>Devin Smith PSD</i>
Received by (signature): <i>Tina Lodge</i>	Inspected by (signature): <i>Devin Smith PSD</i>
cc:	cc:

Operator Inspection Response  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 1/14/2020

**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 1-14-2020.

DATE:	Action Taken:
<u>1/14/2020</u>	<u>Double checked today to make sure Microwave is clean.</u>
<u>1/14/2020</u>	<u>wiped out oven</u>

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

Name of Respondent: Lina Lodge Title: Dietary Manager

Establishment Name: Lakeview Christian School

Address: 5318 S. Western Av Marion In 46953

- Attach additional sheets as needed.