



**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>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>9-4-20</i>	ID # <i>27</i>						
Establishment Address (number and street, city, state, ZIP code) <i>5318 S Western Ave Marion</i>	Owner <i>677-4266</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Follow-up <i>no</i></td> <td style="width: 50%;">Release Date <i>10 days</i></td> </tr> <tr> <td colspan="2" style="text-align: center;">Summary of Violations: C <u> </u> NC <u> </u> R <u> </u></td> </tr> <tr> <td colspan="2" style="text-align: center;">Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u></td> </tr> </table>		Follow-up <i>no</i>	Release Date <i>10 days</i>	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
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Owner <i>same</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)								
Owner's Address <i>same</i>	Person in Charge <i>Tina Lodge</i>								
Responsible Person's E-mail									
Certified Food Handler <i>Tina Lodge Mar 2017</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/NC	R	Narrative	To Be Corrected By
			<p><i>No violations on this inspection</i></p>	

Received by (name and title printed): <i>Tina Lodge</i>	Inspected by (name and title printed): <i>Seth Clewett / Marion Supt</i>
Received by (signature): <i>Tina Lodge</i>	Inspected by (signature): <i>Seth Clewett / Marion Supt</i>
cc:	cc: