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: Madison-Grant Jr-Sr High School	**Telephone Number** (765) Establishment ( ) Owner 536-0052	**Date of Inspection** (*mm/dd/yr*): 3-30-21	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 11700 S E 00 West Fairmount			
Owner: Madison Grant USC	**Purpose:** 1. Routine	**Follow-up**: No	**Release Date**: 10/4/5
Owner's Address: Same	2. Follow-up	**Summary of Violations:**	
Person in Charge: Vickie Wise	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail: —	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Kathy Ramaix Exp 2025	5. Temporary	1___ 2___ 3___ 4___ 5X	
	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
			No Violations	

Received by (*name and title printed*): Vickie Wise

Received by (*signature*): Vickie Wise

Inspected by (*name and title printed*): Scott L Kendall

Inspected by (*signature*): Scott L Kendall FSIO

cc: | cc: | cc: