



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.

Form with fields: Establishment Name (Madison-Grant Jr & Sr High School), Telephone Number (705 Establishment), Date of Inspection (1-20-21), ID # (27), Establishment Address (11700 S E 00 W Fairmount), Owner (Madison Grant USO), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (same), Person in Charge (Vickie Wise), Responsible Person's E-mail, Certified Food Handler.

• 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No violations on this inspection'.

Received by (name and title printed): Vickie Wise; Inspected by (name and title printed): Scott K Kendall; Received by (signature): Vickie Wise; Inspected by (signature): Scott Kendall ESIO; cc: fields.