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 High/Jr High	**Telephone Number** (765) Establishment ( ) Owner 536-0032	**Date of Inspection** (mm/dd/yr) 8-17-20	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 11700 S E00 W Fairmount			
Owner Madison Grant USC	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** No	**Release Date** 10 days
Owner's Address 11580 S E 00 W Fairmount		**Summary of Violations:** C— NC— R—	
Person in Charge Vickie Wise			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1___ 2___ 3___ 4X 5___	
Certified Food Handler Kathy Bernaix			

• 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 on this inspection	

Received by (*name and title printed*): Vickie Wise	Inspected by (*name and title printed*): Scott Kikendall FSIO
Received by (*signature*): Vickie Wise	Inspected by (*signature*): Scott Kikendall
cc:	cc:	cc: