



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>Marion High School</i>	Telephone Number <i>(765) 667-2051</i>	Date of Inspection <i>1-18-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>750 W 26th St. Marion</i>	() Owner	Follow-up <i>NO</i>	Release Date <i>1-28-19</i>
Owner <i>Marion Community Schools</i>	Purpose: <input checked="" type="radio"/> 1. Routine	Summary of Violations: <i>C ___ NC ___ R ___</i>	
Owner's Address <i>750 W 26th St. Marion</i>	<input type="radio"/> 2. Follow-up	Menu Type (See back of page) <i>1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___</i>	
Person in Charge <i>Josephine McClung</i>	<input type="radio"/> 3. Complaint		
Responsible Person's E-mail <i>N/A</i>	<input type="radio"/> 4. Pre-Operational		
Certified Food Handler <i>TEA KEENAN</i>	<input type="radio"/> 5. Temporary		
	<input type="radio"/> 6. HACCP		
	<input type="radio"/> 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>No Violations at this inspection</i>	
			<i>2/8/19</i>	



Received by (name and title printed): <i>Josephine McClung Supervisor</i>	Inspected by (name and title printed): <i>Ralph [unclear] - FSTO</i>
Received by (signature): <i>Josephine McClung</i>	Inspected by (signature): <i>[Signature] - FSTO</i>
cc:	cc: