



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 header with fields: Establishment Name (Marion High School), Telephone Number (765-664-9051), Date of Inspection (2-21-23), ID # (27), Establishment Address (750 W 26th St Marion), Owner (Marion Community School), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Person in Charge (Josephine McClung), 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 'No Violations'.

Signature fields: Received by (name and title printed), Inspected by (name and title printed), Received by (signature), Inspected by (signature), cc: fields.